

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is c	ertificate does i	not	confer rights to	the	certif	icate holder in lieu of sucl		. ,					
PRODUCER										M. Zelen				
Zelen Risk Solutions, Inc.									o, Ext):(904) 2	62-8080	FAX (A/C, No): (904)2			62-1444
7964 Devoe Street										zelenrisk.co	om			
Jac	kso	nville FL 32220	0							SURER(S) AFFOR	RDING COVERAGE			NAIC#
									INSURER A: Hartford Insurance Company					
INSURED									INSURER B: Technology Insurance Company					
Vada Chocolates, Inc. dba Kilwins of Jacksonville														
10281 Midtown Parkway, Suite 125									INSURER C:					
Jacksonville FL 32246									INSURER D:					
Jacksonving I E J2240									INSURER E :					
COVERAGES CERTIFICATE NUMBER:									INSURER F:					<u> </u>
								REVISION NUMBER: VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD.						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														WHICH THIS
						ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			-
LIK	COMMERCIAL GENERAL LIABILITY			IINSD	WVD	1 OLIOT NOMBER				EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR									DAMAGE TO RENTI	ED	\$		
		CLAIIVIS-IVIADI	- L	OCCOR							PREMISES (Ea occu			
											MED EXP (Any one		\$	
	<u> </u>								PERSONAL & ADV I		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE \$					
		POLICY JEC	ČΤ	LOC							PRODUCTS - COMP	P/OP AGG	\$	
-		OTHER:									COMBINED SINGLE	LIMIT	-	0.000
	AU	ANY AUTO OWNED SCHEDULED							40/07/0004	40/07/0005	(Ea accident)	₹ 1,000,0		70,000
Α											BODILY INJURY (Pe	` ' '		
		AUTOS ONLY	X	AUTOS NON-OWNED			21UECHH9387		12/27/2024	12/27/2025	BODILY INJURY (Pe		\$	
	Х	AUTOS ONLY	Х	AUTOS ONLY							(Per accident)	<u></u>	\$	
			_	<u> </u>									\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENCE	CE	\$	
		EXCESS LIAB	L	CLAIMS-MADE	4						AGGREGATE		\$	
		DED RETE									I DED	LOTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										X PER STATUTE	OTH- ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				N/A		TWC4569307		03/01/2025	03/01/2026	E.L. EACH ACCIDEN	NT	\$ 1,00	00,000
_											E.L. DISEASE - EA E	EMPLOYEE	\$ 1,00	0,000
											E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
							ditional Insured on a Pri	_		_	-	_	vritten	contract.
Wa	ver	of Subrogatio	n a	pplies in favor	of K	ilwin	s Chocolate Franchise I	nc. wh	en required	by written a	agreement, as v	vell.		
30 day notice of cancellation applies, except 10 days for non-payment of premium.														
dchalupka@kilwinsfranchise.com jacksonville@kilwins.com														
CEI	RTIF	ICATE HOLDE	ΞR					CANCELLATION						
		Kilwins C	ho	colate Franchi	ise, l	nc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		Kilwins C	Qua	lity Confection	ıs, In	c.					CY PROVISIONS.		יב טבו	FIAFKED IN
		1050 Bay		=										
Petoskey, MI 49770								AUTHO	RIZED REPRESE	ENTATIVE	Vijen	カ. つ	2/14	<me></me>
•									AUTHORIZED REPRESENTATIVE VICKY M, Zelen (ME)					