

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

								()3/05/2	021	
C B	ERT	IFICATE DOE W. THIS C	ES NOT AFFIR	AS A MATTER OF INFORMATION RMATIVELY OR NEGATIVELY AN IF INSURANCE DOES NOT CON R, AND THE CERTIFICATE HOLDE	IEND, EXTEND OR STITUTE A CONTRA	ALTER THE CO	VE	RAGE AFFORDED E	BY THE	POLICIES	
	DUCE			, <u> </u>	001/74.07	CONTACT Vicky Zelen					
-		Risk Solution	s. Inc.								
		evoe Street	0,01		É-MÁIL	E-MAIL ADDRESS: vicky@zelenrisk.com					
		nville FL 322	20		PRODUCER	ADDRESS: VICKY@22Henrisk.com PRODUCER CUSTOMER ID: 5123					
Jul					CUSTOMER ID:	INSURER(S) AFFORDING COVERAGE NAIC #					
INSU	JRED					INSURER A : West American Insurance Company					
		hocolates In	nc dha Kilwing	s of Jacksonville		INSURER B :					
			way, Suite 1			INSURER C :					
		nville FL 322									
out						INSURER D :					
co	VER	AGES		CERTIFICATE NUMBER:	TINSORER F .	REVISION NUMBER:					
			DESCRIPTION OF I	PROPERTY (Attach ACORD 101, Additional R	Remarks Schedule. if more			TIGIOIT NOMBER.			
				Jacksonville, FL 32246	·						
II C	NDIC/	ATED. NOTWI FICATE MAY B	THSTANDING AN BE ISSUED OR M	CIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDIT AY PERTAIN, THE INSURANCE AFFOI SUCH POLICIES. LIMITS SHOWN MAY	TION OF ANY CONTRAC RDED BY THE POLICIE	CT OR OTHER DOO S DESCRIBED HER		ENT WITH RESPECT 1	O WHIC	CH THIS	
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS		
	X	PROPERTY						BUILDING \$			
A	CAL	JSES OF LOSS	DEDUCTIBLES				X	PERSONAL PROPERTY	\$ <mark>561</mark> ,	,000	
		BASIC BUILDING BROAD CONTENTS		BZW(21) 62 70 76 48	12/27/2020	12/27/2021	X	BUSINESS INCOME	§ ActualLossSust		
							X	EXTRA EXPENSE	<pre>\$ Included</pre>		
	X	SPECIAL	1,000					RENTAL VALUE	\$		
		EARTHQUAKE						BLANKET BUILDING	\$		
	X	WIND	2%					BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
	X	Spoilage	1,000				X	Spoilage	s 10,0	00	
								1.	\$		
		INLAND MARINE	-	TYPE OF POLICY					\$		
	CAUSES OF LOSS]	\$		
	NAMED PERILS			POLICY NUMBER]	\$		
								1	\$		
		CRIME							\$		
	TYP	TYPE OF POLICY						1	\$		
]	\$		
									\$		
		EQUIPMENT BR	EAKDOWN					1	\$		
							1		\$		
								1	\$		
SPE	CIAL	CONDITIONS / OT	HER COVERAGES	(ACORD 101, Additional Remarks Schedule,	may be attached if more sp	ace is required)		L	Ψ		
				•							
вu	sine	ss income &	Extra Expens	e - Actual Loss Sustained for 12	montuis.						
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chocolate Franchise, Inc.											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Kilwins Quality Confections, Inc. 1050 Bay View Road						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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