CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 03/24/2016
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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, contains a line of the policy.								
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). PRODUCER CONTACT								
CS&S/NORTHEAST AGENCIES,		NAME: PHONE FAX						
PO BOX 946580					(A/C, No, Ext): (A/C, No)			No):
Maitland, FL 32794-6580					ADDRESS:			T
1-800-742-9705					INSURERS AFFORDING COVERAGE			NAIC#
INSURED					INSURER A: Continental Casualty Company			20443
;					INSURER B:			
MAXPLAN ENTERPRISES INC KILWINS OF CHOCOLAKE WORTH					INSURER C:			
312 LAKE AVENUE					INSURER E:			
EARL WORTH, PL 35400					INSURER F:			
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDINGANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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.								
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMIT	S
A GENERAL LIABILITY	Υ		4017459956		05/14/16	05/14/17	EACH OCCURRENCE	\$ 1,000,000
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR							DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300,000
CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$ 10,000
	1				Ē		PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	-			ŀ			GENERAL AGGREGATE	\$ 2,000,000
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	e
ANY AUTO							BODILY INJURY(Per person)	s
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY(Per accident)	\$
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	s
			:					
UMBRELLA LIAB OCCUR				 			EACH OCCURRENCE	\$
EXCESS CLAIMS-MADE]						AGGREGATE	\$
DED RETENTION \$								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	ş
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS below	L						E.L. DISEASE - POLICY LIMIT	s
OTHER							WC STATU- TORY LIMITS ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VI	HICLES	(Attach	Acord 101, Additional Rea	marks Sc	hedule, if more spa	ce is required)	E.L. DISEASE - POLICY LIMIT	\$
Certificate Holder is Named as Ad Location #1 512 LAKE AVENUE, L	dition	nal Ins	ured - Grantor of	Franc	chise.	, .,		
CERTIFICATE HOLDER CANC					CELLATION			
Kilwins Chocolate Franchise, Inc.					JLD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
1050 Bayview Rd					DRDANCE WITH THE POLICY PROVISIONS.			
·					RIZED REPRESENTATIVE			
					fre Tenstrue			
			10	© 1988-2010 ACORD CORPORATION. All rights reserved.				
CORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD								