

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2017

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an end	orsement	. As	tatement on	
PRODUCER Todd Associates South, LLC 8313 Holley Tree Trail Port St Lucie, FL 34986 Bryan Swicicki						CONTACT Kelly McGarry						
						PHONE FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL kmcgarry@toddassociates.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: Employers Preferred Ins. Co.					10346	
INSURED Maxplan Enterprises, Inc. dba						INSURER B:						
Kilwins Lake Worth					INSURER C:							
512 Lake Avenue					INSURER D :					-		
	Lake Worth, FL 33460											
						INSURER E: INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
					VE DEEN	LICCUED TO	THE INCHES			IE DO	LICY DEDICE	
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY T BEEN R	CONTRACT THE POLICIE EDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WIT D HEREIN IS SI	TH RESPE	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	(POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$		
								MED EXP (Any one	e person)	\$		
								PERSONAL & AD\	/ INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- LOC							PRODUCTS - CON	/IP/OP AGG	\$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	•	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	NOTOS GIVET							,		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
			X	EIG239860600		09/27/2017	09/27/2018	E.L. EACH ACCIDI		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	1,000,000	
	DESCRIPTION OF CLUMINOTO SOON							2.2.2.02.02	2.01 2	Ψ		
Coi	CERPTION OF OPERATIONS / LOCATIONS / VEHIC VET Of Subrogation with regards to bility in favor of Kilwins Chocolate Ifections, Inc. lays notice of cancellation or nor						re space is requir	red)				
CE	RTIFICATE HOLDER				CANC	ELLATION						
				KILWI-1								
Kilwins Chocolates Franchise, Inc Kilwins Quality Confections, Inc 1050 Bay View Road Petoskey, MI 49770						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						Edward O Aden D &						