

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/27/2018

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 c	ertifi	cate holder in lieu of such							
PRODUCER					CONTACT Certificates PHONE (941) 366-7070 FAX (941) 953-4901					
Purmort and Martin Insurance Agency LLC					PHONE (A/C, No, Ext):         (941) 366-7070         FAX (A/C, No):         (941) 953-4901           E-MAIL ADDRESS:         patti@purmort.com         (A/C, No):         (941) 953-4901					
2301 Ringling Boulevard					ADDRESS: PALLE PAL					
Sarasota FL 34237						inion Ins. Co.	COVERAGE		0231	
INSURED					INSURER B : FCCI Insurance Company 10178					
Southern Possessions, Inc.					INSURER C :					
DBA: Kilwins of St. Armands					INSURER D :					
1471 Northgate Boulevard					INSURER E :					
Sarasota FL 34234					INSURER F :					
	NUMBER: 18/19 General									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY				_				1,000,000 500,000		
								5,000		
A	Y		BPG94564		02/13/2018	02/13/2019		1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
							PRODUCTS - COMP/OP AGG \$	2,000,000		
OTHER:							Policy Fee \$			
							(Ea accident)	\$ 1,000,000		
ANY AUTO OWNED SCHEDULED					02/27/2018	02/13/2019				
A OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED			B1G94563							
							(Per accident)			
								\$ 5,000 \$ 2,000,000		
			CUG94564		02/13/2018	02/13/2019		2,000,000		
DED RETENTION \$ 10,000	-				02/10/2010	02/10/2010	AGGREGATE \$	_,,		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			00411/04.04.45050	01/20/20	04/00/0040	04/00/0040		\$ 1,000,000		
B OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		001WC18A45058		01/20/2018	01/20/2019		EE \$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. are Listed as Additional Insured on Primary and Non-Contributory Basis With Respect to General Lisbility, Auto Lisbility and Umbrolla, Waiver of Subregation With Regards to Workers' Componenting Employers Lisbility, Constant										
Respect to General Liability, Auto Liability and Umbrella. Waiver of Subrogation With Regards to Workers' Compensation/Employers Liability, General Liability, Auto Liability and Umbrella in favor of Kilwin's Chocholates Franchise, Inc. & Kilwin's Quality Confections, Inc. Umbrella is Follow Form. 30 Day										
Notice of Cancellation										
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CERTIFICATE HOLDER					CANCELLATION					
Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. 1050 Bay View Road					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		AUTHO	AUTHORIZED REPRESENTATIVE							
Petoskey			MI 49770	aveanne_dime						
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