

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2020

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, 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)

		cate holder in lieu				oncies may require an er	1001301	ilelit. A Stat	ement on th	is certificate does not ev	JIIICI 11	ignits to the	
PRODUCER The second Product Assessment Inc.								CONTACT NAME: Certificate Department					
ThompsonBaker Agency, Inc. 61 Cordova Street							PHONE (A/C, No, Ext): 904-824-1631 FAX (A/C, No): 904-824-1675						
St. Augustine FL 32084								E-MAIL ADDRESS: certificates@thompsonbaker.com					
								INSURER(S) AFFORDING COVERAGE NAIC #					
								INSURER A : Hartford Casualty Ins Co				29424	
INSURED KILWI-1							INSURER B: Hartford Underwriters Ins. Co.				30104		
Dallaire Development Group Inc							INSURER C:						
Dba Kilwin's Chocolates 140 Saint George Street							INSURER D :						
St. Augustine FL 32084							INSURER E :						
•							INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1824234483							REVISION NUMBER:						
IN C	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.												
INSP   ADDI SURR							POLICY EFF POLICY EXP						
LTR		TYPE OF INSURANCE			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
Α	X		V	Y	Y	21SBMTY6460		11/11/2020	11/11/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,		
		CLAIMS-MADE	X OCCUR							PREMISES (Ea occurrence)	\$ 300,00		
										MED EXP (Any one person)	\$ 10,000		
										PERSONAL & ADV INJURY	\$ 1,000,		
	GEN	N'L AGGREGATE LIMIT A								GENERAL AGGREGATE	\$ 2,000,		
	_	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
Α	OTHER: A AUTOMOBILE LIABILITY					21SBMTY6460		11/11/2020	11/11/2021	COMBINED SINGLE LIMIT			
A	AUI	1				213BW1110400		11/11/2020	11/11/2021	(Ea accident) BODILY INJURY (Per person)	\$ 1,000,	000	
		ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
	Х	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	_	HIRED AUTOS ^	AUTOS							(Per accident)	\$		
Α	Х	UMBRELLA LIAB	X OCCUR	Y	Y	21SBMTY6460		11/11/2020	11/11/2021				
^	_	EXCESS LIAB		l '	'	210BW1110400		11/11/2020	11/11/2021	EACH OCCURRENCE	\$ 2,000,		
		V	CLAIMS-MADE							AGGREGATE	\$ 2,000,	000	
B WOR		DED X RETENTION \$ 10,000			Υ	21WECDS8066	11/11/2020	11/11/2020	11/11/2021	X PER OTH-ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			11/11/2020						000			
OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$ 1,000,			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT				
	DES	CRIPTION OF OPERATION	DNS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Locations: 140 St. George Street and 6 St. George Street, St. Augustine, FL 32084. Includes Ice Cream cart. Kilwins chocolates Franchise, Inc. and Kilwin's Quality Confections Inc. are listed as Additional Insured on a Primary and Non-Contributory basis with regards to General Liability and Umbrella Policy as required by written contract Waiver of Subrogation applies with regards to General Liability, Umbrella and Workers Compensation in favor of Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc.													
CF	RTIF	FICATE HOLDER					CANC	CANCELLATION					
Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc.								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					
1050 Bay View Road Petoskey MI 49770							n 401						