



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/16/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER ThompsonBaker Agency, Inc. 61 Cordova Street St. Augustine FL 32084	CONTACT NAME: Chelsea Gleiter PHONE (A/C, No, Ext):904-824-1631 FAX (A/C, No):904-824-1675 E-MAIL ADDRESS: certificates@thompsonbaker.com PRODUCER CUSTOMER ID: KILWI-1														
INSURED Dallaire Development Grp Dba Kilwin's Chocolates 2245 CR 13 S Elkton FL 32033	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align:center;">NAIC #</td> </tr> <tr> <td>INSURER A:Hartford Casualty Ins Co</td> <td>29424</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Casualty Ins Co	29424	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 1337494015 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
140 St. George Street
St. Augustine, FL 32084

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/> PROPERTY		21SBAGM3588	11/11/2017	11/11/2018	BUILDING	\$	
	CAUSES OF LOSS					<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$209,000	
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	\$	
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	\$	
	<input checked="" type="checkbox"/>	SPECIAL				\$5000	<input type="checkbox"/>	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	\$	
	<input checked="" type="checkbox"/>	WIND				5% W/H	<input type="checkbox"/>	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	\$	
	<input checked="" type="checkbox"/>	BI & EE				72 Hours	<input checked="" type="checkbox"/>	\$185,000
	<input type="checkbox"/>					<input type="checkbox"/>	\$12 Mths - ALS	
<input type="checkbox"/>	INLAND MARINE		TYPE OF POLICY			\$		
	CAUSES OF LOSS					\$		
	NAMED PERILS					\$		
						\$		
<input type="checkbox"/>	CRIME		TYPE OF POLICY			\$		
						\$		
						\$		
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
<input type="checkbox"/>						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Contents Ded: \$5,000 Wind Ded: 5% W/H Replacement Cost Spoilage \$10,000
Loss of Business Income & Extra Expense - 12 Months, Deductible: 72 Hours
30 Day Notice of Cancellation Applies

CERTIFICATE HOLDER Kilwins Chocolates Franchise, Inc. & Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey MI 49770	CANCELLATION 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
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