

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2017

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 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).

COVERAGES CERTIFICATE NUMBER OF 17112026472					
DELRAY BEACH FL 33	33483	INSURER F:			
402 EAST ATLANTIC AVENUE		INSURER E :			
KILWIN'S OF DELRAY BEACH		INSURER D :			
B A SWEETIE INC		INSURER C :			
INSURED		INSURER B: The Travelers Indemnit	y Company Of	25666	
Delray Beach FL 33	33444	INSURER A:Old Dominion Ins Co		40231	
		INSURER(S) AFFORDING COVER	AGE	NAIC#	
275 George Bush Blvd		E-MAIL ADDRESS: trish@gbifl.com			
Gracey Backer Inc		PHONE (A/C, No, Ext): (561)276-6055	FAX (A/C, No): (561)2	65-0034	
PRODUCER		CONTACT NAME: Trish Warren			
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COVERAGES CERTIFICATE NUMBER:CL17113026472

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. 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 ADDLISUBRI POLICY EFF POLICY EFF POLICY EFF POLICY EXP									
				POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	00
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 500,00	00
		x	Y	BPG41410	11/28/2017	11/28/2018	MED EXP (Any one person)	\$ 5,00	00
							PERSONAL & ADV INJURY	\$ 1,000,00	00
GEN							GENERAL AGGREGATE	\$ 2,000,00	00
х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,00	00
	OTHER:							\$	
AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	00
	ANY AUTO	х			11/28/2017	11/28/2018	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS		Y	BPG41410			,	\$	
x	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,00	00
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,00	00
	DED RETENTION \$			CUG41410	11/28/2017	11/28/2018		\$	
	=14D1 01/5D01114 D11 1T1/						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? B (Mandatory in NH)		N/A		T UB-7J489482	12/11/2017	12/11/2018	E.L. EACH ACCIDENT	\$ 1,000,00	00
			Y				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00	00
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00	00
	X AUT X WOR AND AND AND (Man If ye	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS X UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNE//EXECUTIVE OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Y GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Y BPG41410 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS Y HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Y BPG41410 11/28/2017 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ CUG41410 11/28/2017 V/N N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE ADDL SUBR INSO WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Y BPG41410 11/28/2017 11/28/2018 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE ADDL SUBR INSD WAY WO COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Y BPG41410 11/28/2017 11/28/2017 11/28/2018 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS A	TYPE OF INSURANCE NODE SUBR NODE SUBR NODE SUBR NODE NO

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is Additional Insured - Primary & Non-Contributory re General Liability, Auto

Liability; Waiver of Subrogation applies to General Liability, Auto Liability & Workers

Compensation/Employers Liability; 30-day notice of cancellation/non-renewal - except Workers Compensation

CERTIFICATE HOLDER	CANCELLATION

KILWIN'S CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC 1050 BAY VIEW RD 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.

AUTHORIZED REPRESENTATIVE

Trish Warren/TW

Patricia In. Operran