

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2019

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).

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PRODUCER			NAME: Trish Warren			
Gracey-Backer Inc.				FAX (A/C, No): (561) 265-0034		
275 George Bush Bouleva	75 George Bush Boulevard E-MAIL ADDRESS: trish@gbifl.com					
			INSURER(S) AFFORDING COVERAGE			
Delray Beach	FL	33444	INSURERA: Mainstreet America Protection	n Insurance	13026	
INSURED			INSURER B: Old Dominion Ins Co		40231	
B A SWEETIE INC DBA			INSURER C: The Travelers Indemnity Compa	any Of Amer	25666	
KILWIN'S OF DELRAY BEACH			INSURER D:			
402 E ATLANTIC AVE			INSURER E :			
DELRAY BEACH	FL	33483-4537	INSURER F:			
			DEVICION NUM	DED.		

## COVERAGES CERTIFICATE NUMBER: CL1911533927

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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 500,000
			х	Y	BPG41410	11/28/2019	11/28/2020	MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
A		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS	x	Y	BPG41410	11/28/2019	11/28/2020	BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
		Autos							\$
	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000
		DED RETENTION \$	x	Y	CUG41410	11/28/2019	11/28/2020		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
1 0	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
С	(Man	CER/MEMBER EXCLUDED? datory in NH)	INTA	Y	UB-7J489482	12/11/2019	12/11/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS 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)

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

Liability; Waiver of Subrogation applies to General Liability, Auto Liability, Workers Comp/Employers

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

CERT	IFIC	ATE	HOL	DER

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

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