

September 3, 2020

KILWINS CHOCOLATE FRANCHISE INC. 1050 BAY VIEW RD PETOSKEY MI 49770-9006

Account Information:

Policy Holder Details : SAILOR'S SWEET TOOTH INC



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (877) 287-1316 **Fax:** (888) 443-6112

Email: agency.services@thehartford.com
Website: https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2020

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 SUBROGATIONIS 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).

no	ot confer rights to the certificate h	older	in lieu	ı of such endorsement	:(s).				
	DUCER		.,	CONTACT NAME:	CONTACT NAME:				
AUTOMATIC DATA PROCESSING INS AGCY 76250871					PHONE (800) 524-7024 FAX (800 (A/C, No, Ext): (A/C, No):			00) 524-4013	
1 ADP BLVD M/S 625				E-MAIL ADDRESS:					
ROSELAND NJ 07068					INSURER(S) AFFORDING COVERAGE NAIC#				
			INSURER A : Trumb	INSURER A: Trumbull Insurance Company					
INSURED				INSURER B :	INSURER B:				
SAILOR'S SWEET TOOTH INC					INSURER C:				
420 BROADWAY									
SARATOGA SPRINGS NY 12866-2383				INSURER D :	INSURER E :				
		INSURER F :							
COVERAGES CERTIFICATE NU									
					STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
IN CE	DICATED.NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR M ERMS, EXCLUSIONS AND CONDITIONS	EQUIR AY PE	EMENT ERTAIN	T, TERM OR CONDITION (, THE INSURANCE AFFO	OF ANY CONTRAC	CT OR OTHER I	DOCUMENT WITH RES	SPECT TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	L	IMITS	
LIK	COMMERCIAL GENERAL LIABILITY	INSK	WVD		(WIW/DD/TTTT)	(MIM/DD/1 111)	EACH OCCURRENCE		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED		
							PREMISES (Ea occurrence MED EXP (Any one perso		
							PERSONAL & ADV INJUR	,	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		
	POLICY PRO- LOC						PRODUCTS - COMP/OP		
	OTHER:								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	г	
	ANY AUTO						(Ea accident) BODILY INJURY (Per per	son)	
	ALL OWNED SCHEDULED						BODILY INJURY (Per acc	·	
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE		
	AUTOS AUTOS						(Per accident)		
	UMPRELLA LIAR OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-						AGGREGATE		
	DED RETENTION \$						- TOOKE ONLE		
	WORKERS COMPENSATION						∨ PER I	OTH-	
	AND EMPLOYERS' LIABILITY							ER	
٨	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE	N/ A	x	76 WEG AA1C7Z	03/22/2020	03/22/2021	E.L. EACH ACCIDENT	\$1,000,000	
А	OFFICER/MEMBER EXCLUDED?	N/ A	^	76 WEG AATC72	03/22/2020	03/22/2021	E.L. DISEASE -EA EMPLO	OYEE \$1,000,000	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - POLICY L	\$1,000,000	
	DESCRIPTION OF OPERATIONS below								
	CRIPTION OF OPERATIONS / LOCATIONS / V							•	
	se usual to the Insured's Operations							-	
	over from Others Endorsement WC0	00031	3, atta	ched to this policy. Notic	e of Cancellation	will be provide	ed in accordance with	n Form WC990394,	
	ched to this policy.				CANCELLA	TION			
CERTIFICATE HOLDER KILWINS CHOCOLATE FRANCHISE INC.					CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED				
1050 BAY VIEW RD					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED				
PETOSKEY MI 49770-9006					IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE				
					Susan S. Castaneda				

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