

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2021

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 have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorseme	nt. A state	ement o	on	
PRODUCER						CONTACT Heidi Ferrara						
John J. Clarke Insurance Inc						PHONE (401) 821-7330 FAX (401) 821-7332						
Citizens Bank Building						[(A/C, N0, Ext):						
1226 Main St, Ste 1						ADDRESS. "						
West Warwick RI 02893						INSURER(S) AFFORDING COVERAGE NEURER A. United Ohio Insurance Company					NAIC # 13072	
INSURED						INSURER A:					13072	
						INSURER B:						
The Sailor's Sweet Tooth, Inc, DBA: Kilwins						INSURER C:						
420 Broadway					INSURER D:							
Saratoga Springs NY 12866					INSURER E :							
				NY 12866	INSURER F:							
COVERAGES CERTIFICATE NUMBER: CL216140375					METIOIOTI NOMBELLI							
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												
CI	ERTIFICATE MAY BE ISSUED OR MAY PERT	AIN, T	HE INS	SURANCE AFFORDED BY THE	POLIC	IES DESCRIBEI	D HEREIN IS S					
INSR	CCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM	ITS SHOWN MAY HAVE BEEN	N REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		2 222	
	COMMERCIAL GENERAL LIABILITY							DAMA CE TO DENTED			0,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 500				
				00000000				MED EXP (Any one	person)	\$ 5,00		
Α	GEN'L AGGREGATE LIMIT APPLIES PER:			CPP0032757		06/20/2021	06/20/2022	PERSONAL & ADV INJURY \$ Inclu				
								SENERAL AGGREGATE \$		0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	φ	0,000	
	OTHER:							COMBINED SINGLE	ELIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
								Hired/Non-owned Auto \$ 1,00		*		
	WMBRELLA LIAB OCCUR			01/0004540	00/00/0004	06/20/2022	EACH OCCURRENCE		Ψ	0,000		
Α	EXCESS LIAB CLAIMS-MADE			CX0004518			06/20/2021	AGGREGATE		\$ 1,00	0,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER	I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
DEC.	NAME OF THE PROPERTY OF THE PR			MALINIAN DA LA CALLA	·							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	JORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
	Sailors Sweet Tooth II, LLC ation: 359 Thames St. Unit E Newport RI 0	2840										
***Kilwins Chocolates Franchise, Inc., and Kilwin's Quality Confections Inc. are listed as Additional Insured on a Primary Non-contributory basis with a												
waiver of surogation in regards to General Liability. Hired and Non-Owned Auto Liability and Umbrella in favor of Kilwins Chocolates Franchise, Inc., and Kilwin's Quality Confections Inc. Umbrella policy follows General Liability and Auto Hired and Non-owned Liability forms. 30 days written notice of												
	cellation.	10110	00	noral Elability and Adio Filloa	ana mo	iii owiioa Elabiii	ty 1011110. 00 t	ayo willon notice	0 01			
CEF	TIFICATE HOLDER		ELLATION									
Kilwins Chocolates Franchise, Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
								, NOTICE WILL B			DEI ONE	
						ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 Bay View Road												
	·	AUTHORIZED REPRESENTATIVE										

Petoskey

MI 49770