

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2022

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. 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).

this certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	endor	sement(s).	,,					
PRODUCER					CONTACT Heidi Ferrara						
John J. Clarke Insurance Inc					PHONE (A/C, No, Ext): (401) 821-7330 FAX (A/C, No): (401) 821-7332						
Citizens Bank Building					E-MAIL ADDRESS: Heidi@jjcinsurance.com						
1226 Main St, Ste 1					INSURER(S) AFFORDING COVERAGE						
West Warwick RI 02893					INSURER A: United Ohio Insurance Company					13072	
INSURED					INSURER B:						
The Sailor's Sweet Tooth, Inc, DBA: Kilwins					INSURER C :						
420 Broadway					INSURER D:						
·					INSURER E :						
Saratoga Springs NY 12866					INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL2251104004 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 ADDL SUBR					POLICY EFF POLICY EXP						
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			\$ 1,000,000		
							DAMAGE TO RENTED PREMISES (Ea occurrence)		500		
CLAIMS-MADE CCCUR									5.000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC		Y	CPP003275702		06/20/2022	06/20/2023	MED EXP (Any one person)		In almala d		
			011000270702				PERSONAL & ADV INJURY		\$ 1000ded \$ 2,000,000		
							GENERAL GOREGATE \$		Ψ 0.00	0,000	
							PRODUCTS - COMP/OP AGG \$ 2,000 EPLI \$ 100,				
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ 1,000,000		
ANY AUTO							(Ea accident)	r noroon)			
A OWNED SCHEDULED	$ _{Y} $	Y	Y CPP003275702		06/20/2022	06/20/2023		BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$			
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY		'	1 CFF003273702		00/20/2022	00/20/2023	PROPERTY DAMAGE \$				
							(Per accident)				
NAME OF THE PARTY									\$ 1.00	0.000	
UMBRELLA LIAB OCCUR	_	Y	CX000451802		06/20/2022	06/20/2023	LACITOCCORRENCE \$		φ	0,000	
A EXCESS LIAB CLAIMS-MADE	Y	'	CX000451602		00/20/2022		AGGREGATE		\$		
DED RETENTION \$ WORKERS COMPENSATION							PER	I OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N							STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT		\$		
							E.L. DISEASE - EA EMPLOYEE		\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S /AC	OPD 4	01 Additional Domarka Cabadula	may ba -	ttached if more	200 is require -1\					
	-5 (AC	JOKD 1	01, Additional Remarks Schedule,	тау ре а	ttached if more sp	bace is required)					
The Sailors Sweet Tooth II, LLC Location: 359 Thames St. Unit E Newport RI 0	2840										
and 262 Thames St Newport RI 02840 ***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 follows form. 30 days written notice of cancelation.											
Tammino offoodiaco i tanomico, moi, ana famino saunty comocitorio moi ombrona fondi. Oo days whiten notice of cancelation.											
CERTIFICATE HOLDER					CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
							F, NOTICE WILL BI			, PLI OILE	
Kilwins Chocolate Franchise Inc.					ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 Bay View Road											
<u> </u>					RIZED REPRESE	NIAIIVE					

Petoskey

MI 49770