



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

February 21, 2023

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

Account Information:

Policy Holder Details :	SAILOR'S SWEET TOOTH INC
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Contact Us

Need Help?

Chat online or call us at
(866) 467-8730.

We're here Monday - Friday.

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)
02/21/2023

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).

PRODUCER AUTOMATIC DATA PROCESSING INS AGCY 76250871 1 ADP BLVD M/S 625 ROSELAND NJ 07068	CONTACT NAME: <table style="width: 100%;"> <tr> <td style="width: 70%;"> PHONE (800) 524-7024 <small>(A/C, No, Ext):</small> </td> <td style="width: 30%;"> FAX <small>(A/C, No):</small> </td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER A : Hartford Fire Insurance Company</td> </tr> <tr> <td colspan="2" style="text-align: right;">NAIC# 19682</td> </tr> <tr> <td colspan="2">INSURER B :</td> </tr> <tr> <td colspan="2">INSURER C :</td> </tr> <tr> <td colspan="2">INSURER D :</td> </tr> <tr> <td colspan="2">INSURER E :</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	PHONE (800) 524-7024 <small>(A/C, No, Ext):</small>	FAX <small>(A/C, No):</small>	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A : Hartford Fire Insurance Company		NAIC# 19682		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED SAILOR'S SWEET TOOTH INC 262 THAMES ST NEWPORT RI 02840-6613																					

COVERAGES **CERTIFICATE NUMBER:** **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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYYY)	LIMITS																					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG																					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)																					
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE																					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	X	76 WEG AA1C7Z	03/22/2023	03/22/2024	<table style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">PER STATUTE</td> <td style="width: 15%;">OTHER</td> <td style="width: 25%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	X	PER STATUTE	OTHER				E.L. EACH ACCIDENT			\$1,000,000		E.L. DISEASE - EA EMPLOYEE			\$1,000,000		E.L. DISEASE - POLICY LIMIT			\$1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations. Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy. Notice of Cancellation will be provided in accordance with Form WC990394, attached to this policy.

CERTIFICATE HOLDER KILWINS CHOCOLATE FRANCHISE INC. 1050 BAY VIEW RD PETOSKEY MI 49770-9006	CANCELLATION 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 <div style="text-align: right;"><i>Susan S. Castaneda</i></div>
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EXTENSION OF THE INFORMATION PAGE - ITEM 1 - NAMED INSURED

Policy Number: 76 WEG AA1C7Z

Endorsement Number:

Effective Date: 03/22/23

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SAILOR'S SWEET TOOTH INC

420 BROADWAY

SARATOGA SPRINGS NY 12866

Item 1 of the Information Page is completed to include as named insured:

Named Insured : The Sailor's Sweet Tooth II, LLC

State ID : RI:TIN-0000000001

FEIN : 84-3406307

DBA Name

Not Applicable

Named Insured : SAILOR'S SWEET TOOTH INC

State ID : RI:TIN-0000214877

FEIN : 26-3431563

DBA Name

Not Applicable