



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/20/2024

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.

<b>PRODUCER</b> John J. Clarke Insurance Inc Citizens Bank Building 1226 Main St, Ste 1 West Warwick RI 02893	<b>CONTACT NAME:</b> Heidi Ferrara <b>PHONE (A/C, No, Ext):</b> (401) 821-7330 <b>FAX (A/C, No):</b> (401) 821-7332 <b>E-MAIL ADDRESS:</b> Heidi@jjcinsurance.com <b>PRODUCER CUSTOMER ID:</b> 00004483														
<b>INSURED</b> The Sailor's Sweet Tooth, Inc, DBA: Kilwins 420 Broadway Saratoga Springs NY 12866	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Ohio Insurance Company</td><td>13072</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Ohio Insurance Company	13072	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER:** CP2462000119 **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Loc# 00001 Bldg# 00001: 262 Thames Street Newport RI 02840  
See Attached Overflow Pages

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	CPP0032757	06/20/2024	06/20/2025	<input checked="" type="checkbox"/> BUILDING	\$
	CAUSES OF LOSS DEDUCTIBLES				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 390,000
	<input type="checkbox"/> BASIC BUILDING				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 455,000
	<input type="checkbox"/> BROAD CONTENTS				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL 1,000				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Special form					\$
	<input checked="" type="checkbox"/> Storm ded 2%					\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/>					\$
	<input type="checkbox"/> <b>CRIME</b>					\$
	TYPE OF POLICY					\$
						\$
						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
						\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as an additional interest with respect to the property coverage on this location

<b>CERTIFICATE HOLDER</b> Kilwins Quality Confections, Inc 1050 Bay View Rd Petoskey MI 49770	<b>CANCELLATION</b> 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 
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