

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: MS02

DATE (MM/DD/YYYY) 07/25/2017

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.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to t	he te	rms and conditions of th	ne poli	cy, certain p	olicies may					
PRODUCER 727-393-9146 Harr & Associates Insurance 11401 Seminole Blvd Largo, FL 33778 Kimberly Harr					CONTACT Kimberly Harr NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: ROBERT FAX (A/C, No): 727-391-1754						
					INSURER A : Travelers						
					INSURED JLS-1, LLC dba Kilwin's Larry Butterfield 160 Johns Pass Boardwalk Madeira Beach, FL 33708					INSURER B:	
INSURER C:											
INSURER D:											
INSURER E:											
00/504.050			REVISION NUMBER:								
COVERAGES THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUII PER	INSUI REME FAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	ED NAMED ABON DOCUMENT WIT D HEREIN IS SU	/E FOR T H RESPE	ст то	WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY						· · · · · · · · · · · · · · · · · · ·	EACH OCCURREN		\$	1,000,000	
CLAIMS-MADE X OCCUR			I-660-4D820706-COF-17		07/26/2017	07/26/2018	DAMAGE TO RENT PREMISES (Ea occ		\$	100,000	
							MED EXP (Any one	person)	\$	5,000	
							PERSONAL & ADV		\$	1,000,000 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGRE		\$	2,000,000	
OTHER:							PRODUCTS - COM	P/OP AGG	\$ \$,,	
AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	LIMIT	\$		
ANY AUTO							BODILY INJURY (P	er person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE 	\$		
									\$		
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MAD	_						EACH OCCURREN	CE	\$		
DED RETENTION\$	=						AGGREGATE		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	3		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$		
(Mandatory in NH)							E.L. DISEASE - EA		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI 160 John's Pass Boardwalk, Madeir Larry Butterfield	•			ıle, may k	e attached if mor	e space is requir	red)				
CERTIFICATE HOLDER				CANO	CELLATION						
Kilwins Chocolates Frar 1050 Bay View Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
Petoskey, MI 49770					AUTHORIZED REPRESENTATIVE Kimberly Harr						