



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/01/2017

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.

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).

PRODUCER EVERETT FINANCIAL GROUP LLC DBA GREATFLORIDA OF SEMINOLE 8979 PARK BLVD SEMINOLE, FL 33777		CONTACT NAME: PHONE: 727-437-3200 FAX: 727-201-8960 (A/C, No. Ext.) E-MAIL: ADDRESS:	
INSURED JLS-1, LLC DBA KILWIN'S CHOCOLATES 160 BOARDWALK PLACE E MADEIRA BEACH, FL 33708		INSURER(S) AFFORDING COVERAGE INSURER A: THE HARTFORD COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	ADOL. SUBR (NSD) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	20 SBM AJ1787 SA	11/29/2017	11/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY	X	20 SBM AJ1787 SA	11/29/2017	11/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>	X	20 SBM AJ1787 SA	11/29/2017	11/29/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	UMBRELLA/LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR	X	20 SBM AJ1787 SA	11/29/2017	11/29/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Kilwin's Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insureds on the Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Automobile Liability, Umbrella in favor of Kilwin's Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc.

CERTIFICATE HOLDER

Kilwin's Chocolates Franchise, Inc
Kilwin's Quality Confections, Inc.
1050 Bay View Road
Potoskey, MI 49770

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



AGENCY CUSTOMER ID: _____

LOG #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY EVERETT FINANCIAL GROUP LLC		NAMED INSURED JLS-1, LLC
POLICY NUMBER 20 SBM AJ1787 SA		DBA KILWIN'S CHOCOLATES 160 BOARDWALK PLACE E MADEIRA BEACH, FL 33708
CARRIER THE HARTFORD COMPANY	NAIC CODE	EFFECTIVE DATE: 11/29/2017

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Umbrella coverage is follow form.

30 days notice of cancellation or non-renewal must be provided to Franchisor on all coverages.

Coverages listed are minimum requirements.

Carriers must be A- Rated or better by AM Best