

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/25/2022

| 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 liqu of curch endorsement(c) | | | | | | | | | | |
| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
| PRODUCER | | | | | NAME: Chins Whaley | | | | | |
| Cross Insurance | | | | | (A/C, No, Ext): (400) 012-2000 (A/C, No): (400) 012-2000 | | | | | |
| 75 Portsmouth Blvd. | | | | | ADDRESS: chris.whaley@crossagency.com | | | | | |
| Suite 100 | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| Portsmouth NH 03801 | | | | | INSURER A: Association Members WCT | | | | | |
| INSURED | | | | | INSURER B : | | | | | |
| Sunshine Sweets, LLC., DBA: Kilwins Chocolates & Ice Cream | | | | | INSURER C : | | | | | |
| 20 Congress Street | | | | | INSURER D : | | | | | |
| | INSURER E : | | | | | | | | | |
| Portsmouth NH 03801 | | | | | INSURER F : | | | | | |
| COVERAGES CERTIFICATE NUMBER: CL2232590722 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 INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | ; | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | | | \$ | | |
| CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | | | | | | | | \$ | | |
| | | | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO | | | | | | | | \$ | | |
| OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| AUTOS ONLY AUTOS ONLY | | | | | | | | \$ | | |
| UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| EVCESSIAR | | | | | | | | \$ | | |
| | - | | | | | | | | | |
| DED RETENTION \$ WORKERS COMPENSATION | | | | | | | PER OTH- | \$ | | |
| | | | | | | | | \$ 2,000,000 | | |
| A ANY PROPRIETOR/PARTNER/EXECUTIVE Y | BER EXCLUDED? Y N/A 0300091002122 | | 0300091002122 | | 01/01/2022 | 01/01/2023 | | 2 000 000 | | |
| (Mandatory in NH) | | | | | | | | <u>\$</u> 2,00 | | |
| DESCRIPTION OF OPERATIONS below | $\left \right $ | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 2,00 | -, | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be a | ttached if more s | bace is required) | · | | | |
| owner Janette Desmond is excluded from worker's compensation coverage | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| Kilwins Quality Confections 1050 Bay View Road | | | | | 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 | | | | | | |
| Peloskey | | | MI 49770 | Charstophon L. Wilhally | | | | | | |

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