OP ID: LF



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2018

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.

this certificate does not confer rights to the certificate holder in lieu of s  PRODUCER  772-334-5822  Kearns Agency of Florida Inc.						CONTACT Richard H. Martiniuk PHONE PHONE TO THE PROPERTY OF T						
	3ox 1849 ´ en Beach, FL 34958		PHONE (A/C, No, Ext): 772-334-5822 FAX (A/C, No): 772-334-0940  E-MAIL ADDRESS: Richard@kearnsinsgroup.com						34-0940			
Richard H. Martiniuk											NAIC #	
					INSURER(S) AFFORDING COVERAGE INSURER A : American Trust North America						NAIC #	
INSURED Moore Delights Inc. dba Kilwins Chocolate & Ice Cream 31 SW Osceola St						INSURER B:						
						INSURER C:						
	Stuart, FL 34994				INSURE							
					INSURER E:							
			INSURER F:									
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I	DOCUMENT WI'D HEREIN IS S	TH RESPE	CT TO D ALL	WHICH THIS	
LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURRE DAMAGE TO REN PREMISES (Ea ou		\$		
								MED EXP (Any on		\$		
								PERSONAL & AD	V INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR	EGATE	\$		
-	POLICY PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$		
	OTHER:							COMBINED SING	LETIMIT	\$		
-	AUTOMOBILE LIABILITY							(Ea accident)		\$		
ŀ	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (		\$		
ŀ	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY ( PROPERTY DAM, (Per accident)		\$		
	AUTOS ONET							(i ci addiadiii)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y	AWC1087722		08/07/2018	08/07/2019	PER STATUTE	OTH- ER		1,000,000	
								E.L. EACH ACCID		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - E/		\$	1,000,000	
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - PO	OLIC T LIWIT	Ψ.	<u></u>	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
Com	ificate Holder has Waiver of Sub pensation/Employers Liability. ays notice of cancellation	oroga	tion	with regards to Worke	er's							
CEP	TIFICATE HOLDER				CANC	ELLATION						
Kilwins Chocolate Franchise & Kilwin's Quality Confections 1050 Bay View Road Petoskey, MI 49970						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						