OP ID: LF



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2019

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 SUPRODUCER 772-334-5822 Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, FL 34958 Richard H. Martiniuk						CONTACT Richard H. Martiniuk					
						PHONE 772-334-5822 FAX (A/C, No): 772-334-0940 F-MAIL ADDRESS: Richard@kearnsinsgroup.com					
						INSURER A: American Trust North America					
						INSU M OO	JRED Dre Delights Inc. dba vins Chocolate & Ice Cream				INSURER B:
Kilwins Chocolate & Ice Cream 31 SW Osceola St Stuart, FL 34994 COVERAGES CERTIFICATE NUMBER:						INSURER C:					
						INSURER D :					
						INSURER E :					
						REVISION NUMBER:					
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOI DOCUMENT WITH RES D HEREIN IS SUBJECT	R THE PO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	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	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A			
	OTHER:							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per person BODILY INJURY (Per accided)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OT STATUTE ER	1-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	X	AWC1133817		08/07/2019	08/07/2020	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	YEE \$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LII	ИIT \$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /A	COPE	101 Additional Pomarks School	ılo may h	o attached if mor	ro enaco le roquit	rod)			
Cer Con	tificate Holder has Waiver of Sub npensation/Employers Liability. days notice of cancellation	·									
	DTIEICATE HOLDED				CAN	SELLATION					
CERTIFICATE HOLDER						CANCELLATION					
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					