| | | | | | | | | STUAR03 | | OP ID: LF | |
|--|---|--------|-------|----------------------------------|---|---|-------------------|--|---------------------------------|-----------|--|
| Ą | CORD | EF | RTI | FICATE OF LIA | BILITY INSURANCE | | | | DATE (MM/DD/YYYY) 08/18/2021 | | |
| 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 772-334-5822 CONTACT Richard H. Martiniuk | | | | | | | | | | | |
| Kearns Agency of Florida Inc. P O Box 1849 | | | | | | PHONE 772-334-5822 FAX 772-334-0940 | | | | | |
| Jensen Beach, FL 34958 Richard H. Martiniuk | | | | | E-MAIL ADDRESS: Richard@kearnsinsgroup.com | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| | | | | | | INSURER A : Retail First Insurance | | | | | |
| INSURED Moore Delights Inc. dba Kilwins Chocolate & Ice Cream 31 SW Osceola St | | | | | | INSURER B : | | | | | |
| | | | | | | INSURER C : | | | | | |
| | art, FL 34994 | | | | INSURER D : | | | | | | |
| | | | | | | INSURER E : | | | | | |
| | | | | | | INSURER F : | | | | | |
| | | | | E 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. | | | | | | | | | | | |
| LTR | I TPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | | |
| | | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | \$ \$ | | |
| | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | PER OTH- | \$ | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | v | 520-61346 | | 08/07/2021 | 00/07/2022 | PER OTH- STATUTE ER | <u> </u> | 1 000 000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N / A | X | 520-01540 | | 00/07/2021 | 00/07/2022 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | If ves, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | | 1,000,000 | |
| | DÉSÉRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (/ | ACORI | 0 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | ed) | | | |
| Certificate Holder has Waiver of Subrogation with regards to Worker's Compensation/Employers Liability. 30 days notice of cancellation | | | | | | | | | | | |
| | RTIFICATE HOLDER | | | NCELLATION | | | | | | | |
| 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 Rial H. Maulij | | | | | |

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