OP ID: EB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2017

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).

this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).						
PRODUCER		973-467-8850	CONTACT Elaine Barrett			
KRA Agency Partners, Inc.(SPR) Springfield Branch 871 Mountain Ave, PO Box 266			PHONE (A/C, No, Ext): 973-467-8850	FAX (A/C, No): 973-46	67-5641	
			E-MAIL ADDRESS: elaineb@kraagency.com			
Springfield, NJ 07081 Steven H. Samansky		INSURER(S) AFFORDING COVERAGE	NAIC#			
			INSURER A : Selective InsCo of New England	11867		
INSURED	d/b/a Kilwins Westfield		INSURER B: Selective Casualty Ins Co	14376		
	Delightful Sensations, LLC Larry Rogers 23 Shelley Road Springfield, NJ 07081		INSURER C:			
			INSURER D :			
			INSURER E :			
			INSURER F:			
COVERAG	GES CERTIF	CATE NUMBER:	REVISION NUM	IBER:		

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.

		OCIONO / IND CONDITIONO OF COOL			LINITS SHOWN WAT HAVE BEEN				
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE \$	00,000
		CLAIMS-MADE X OCCUR			S 2200739	02/01/2017	02/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	00,000
								MED EXP (Any one person) \$	10,000
								PERSONAL & ADV INJURY \$ 2,00	00,000
	GEN	N'L AGGR <u>EGAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE 3	00,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$ 6,00	00,000
		OTHER:						\$	
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 2,00	00,000
		ANY AUTO			S 2200739	02/01/2017	02/01/2018	BODILY INJURY (Per person) \$	
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$	
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
		AUTOS ONET						\$	-
Α	X	UMBRELLA LIAB X OCCUR				02/01/2017	02/01/2018	EACH OCCURRENCE \$ 1,00	00,000
		EXCESS LIAB CLAIMS-MADE			S 2200739			AGGREGATE \$ 1,00	00,000
		DED X RETENTION\$ 0						\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY	COMPENSATION					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE				WC 9032215	02/01/2017	02/01/2018	E.L. EACH ACCIDENT \$ 1,00	00,000
			N/A					E.L. DISEASE - EA EMPLOYEE \$ 1,00	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								00,000
$\overline{}$		ION OF OPERATIONS / LOCATIONS / VEHIC					1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) With reespect to General Liability, Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections Inc.are included as Additional Insured when required by written contract per policy conditions and exclusions.

30 Day Notice of Cancellation is provided

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise, Inc. & Kilwins Quality	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Confections Inc. 1050 Bay View Road	AUTHORIZED REPRESENTATIVE A. A. C. J.
Petoskey, MI 49770	