



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2021

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 KRA Insurance Agency, Inc. 871 Mountain Avenue Springfield, NJ 07081	CONTACT NAME: Elaine Barrett, CISR PHONE (A/C, No, Ext): (973) 671-0047 FAX (A/C, No): (973) 232-2825
	E-MAIL ADDRESS: Elaineb@krainsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Selective Fire & Casualty Ins	NAIC # 14377
INSURER B : Selective Casualty Insurance Company	14376
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED d/b/a Kilwins Westfield Delightful Sensations, LLC Attn: Larry Rogers 23 Shelley Road Springfield, NJ 07081	INSURER A : Selective Fire & Casualty Ins	NAIC # 14377
	INSURER B : Selective Casualty Insurance Company	14376
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	S 2200739	2/1/2021	2/1/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 6,000,000
							PRODUCTS - COMP/OP AGG	\$ 6,000,000
							HIRED NON OWNED	Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	X	X	S 2200739	2/1/2021	2/1/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$
							Aggregate	\$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N	A	WC 9032215	2/1/2021	2/1/2022	<input checked="" type="checkbox"/> PER STATUTE	\$ 1,000,000
							<input type="checkbox"/> OTHER	\$
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 With respect to General Liability & Umbrella, Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections Inc., Summit Downtown Partners, LLC and 54-74 South Street, LLC are included as Additional Insured only when required by written contract per policy conditions and exclusions. - Hired/Non-Owned Coverage is part of the General Liability. There is no separate auto policy. - Under General Liability Primary and/or Not Contributory and Waiver of Subrogation is provided for the Additional Insured when it is required by written contract. -Waiver of Subrogation on Workers Compensation is not available in the State of New Jersey (see attached documentation that may help)
 - Selective Insurance Rating is A Rated or better by AM Best. -Umbrella is not a follow form - 30 Day Notice of Cancellation is provided
 -Umbrella provides Waiver of Subrogation
LOCATIONS OF PROPERTIES: 9 Elm Street Westfield, NJ

CERTIFICATE HOLDER Kilwins Chocolates Franchise, Inc. & Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770	CANCELLATION 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 