

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2017

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 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		CONTACT Trish Warren	CONTACT Trish Warren			
Gracey Backer Inc		PHONE (A/C, No, Ext): (561) 276-6055 (A/C, No): (561) 2	65-0034			
275 George Bush Blvd		E-MAIL ADDRESS: trish@gbifl.com	Manufacture of the same of the			
		INSURER(S) AFFORDING COVERAGE	NAIC#			
Delray Beach FL 3344		INSURER A:Old Dominion Ins Co	40231			
INSURED		INSURER B: The Travelers Indemnity Company Of	25666			
CHOCOLATES IN PARA	ADISE LLC	INSURER C:	2000			
505 DUVAL ST		INSURER D:				
		INSURER E:				
KEY WEST	FL 33040	INSURER F:				
COVEDACES						

COVERAGES CERTIFICATE NUMBER;CL1710626021

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)	LIMIT	s	
	X COMMERCIAL GENERAL LIABILITY		7.00				EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
		X	Y	BPG0502E	10/9/2017	10/9/2018	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS	X	Y	B1G0502E	7/9/2017	7/9/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB OCCUR					2	EACH OCCURRENCE	\$	2,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED X RETENTION\$ 0	Х		CUG0502E	10/9/2017	10/9/2018		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	1,000,000
В	(Mandatory in NH) If yes, describe under	J	Y	UB-3J180788	7/15/2017	7/15/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								100000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured with respect to General Liability, Umbrella & Auto Liability
Primary & Non-Contributary. Waiver of subrogation with respect to General Liability, Auto Liability &

Employers Liability. 30-day notice applies to General Liability & Auto Liability.

CERTIFICATE HOLDER	CANCELLATION				
Kilwin's Chocolates Franchise, Inc Kilwins Quality Confections Inc 1050 Bay View Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE				
	Trish Warren/TW				

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/8/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	T AFFIRMATIVELY OR OF INSURANCE DOES	NEGATIVELY AM	IFERS NO RIGHT	O ALTED THE
AGENCY PHONE (553) 255	COMPANY	THE INCOME.		
Gracey Backer Inc		T G		
275 George Bush Blvd	Citizens Prope 6676 Corporate	_		
Delray Beach FL 33444	Jacksonville	FL 322	16	
FAX (A/C, No): (551)265-0034 E-MAIL ADDRESS: debbie@gbifl.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00015987				
INSURED	LOAN NUMBER		POLICY NUMBER	
Chocolates in Paradise, LLC	00021699-4			
505 Duval Street	EFFECTIVE DATE	EXPIRATION DATE		
			CONTINUE	
Key West FL 33040	6/30/2017	6/30/2018	TERMINAT	ED IF CHECKED
Rey West FL 33040	THIS REPLACES PRIOR EVID	ENCE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
505 Duval Street, Key West, FL 33040				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN	IY CONTRACT OR OTH	ED DOCUMENT W	ATLL DECDEOF TO	A MARION TIME
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH P	IN THE INCLIDANCE AE	ODDED BY THE F	OLIGIEO DEGODIE	250
COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS		AMO	UNT OF INSURANCE	DEDUCTIBLE
Wind & Hail: Actual Cash Value, 3% Deductible		7,1110	475,000	3%
			475,000	31
		1		
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REMARKS (Including Special Conditions)				
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