



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/25/2024

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.

PRODUCER Gracey-Backer Inc. 275 George Bush Boulevard Delray Beach FL 33444	CONTACT NAME: Monica Carr PHONE (A/C, No, Ext): (561) 276-6055 E-MAIL ADDRESS: monica@gbfl.com PRODUCER CUSTOMER ID: 00015401	FAX (A/C, No): (561) 265-0034												
INSURED TEAM JD SQUARED INC 3001 OCEAN DR STE 108 Vero Beach FL 32963	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Midvale Indemnity Co</td><td>NAIC # 27138M</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Midvale Indemnity Co	NAIC # 27138M	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														

COVERAGES**CERTIFICATE NUMBER:** CP24102509216**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 3001 OCEAN DR STE 108 Vero Beach FL 32963

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY				<input type="checkbox"/> BUILDING	\$	
	<input type="checkbox"/> CAUSES OF LOSS	<input type="checkbox"/> DEDUCTIBLES			<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 405,600	
	<input type="checkbox"/> BASIC	<input type="checkbox"/> BUILDING			<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Months/ALS	
	<input type="checkbox"/> BROAD	<input type="checkbox"/> CONTENTS			<input type="checkbox"/> EXTRA EXPENSE	\$	
	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> \$1,000			<input type="checkbox"/> RENTAL VALUE	\$	
	<input type="checkbox"/> EARTHQUAKE		BP00044329	11/02/2024	11/02/2025	<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$	
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/>					\$	
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	<input type="checkbox"/> CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
	<input type="checkbox"/> CRIME					\$	
	<input type="checkbox"/> TYPE OF POLICY					\$	
						\$	
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**CERTIFICATE HOLDER****CANCELLATION**Kilwin's Chocolates Franchise Inc Kilwin's Quality Confections Inc
1050 Bay View Road

Petoskey

MI 49770

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

Monica Carr