

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/28/2021

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).

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AGENCY CUSTOMER ID:	
LOC#	



## ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED					
Everett Financial Group LLC DBA Great Florida	JLS-1 LLC					
POLICY NUMBER	DBA KILWIN'S CHOCOLATES					
84 SBM AJ1787 SA	160 BOARDWALK PLACE E					
CARRIER NAIC CODE	MADEIRA BEACH, FL 33708					
THE HARTFORD	EFFECTIVE DATE: 11/29/2020					
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
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POLICY NUMBER	DBA KILWIN'S CHO	OCOLATES				
84 SBM AJ1787 SA	160 BOARDWALK PLACE E					
CARRIER	NAIC CODE	MADEIRA BEACH, FL 33708				
THE HARTFORD		EFFECTIVE DATE:	11/29/2020			
ADDITIONAL REMARKS		•				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM.					
FORM NUMBER: 25 FORM TITLE: CERTIFICATE O		NSURANCE				
Umbrella coverage is follow form.						
30 days notice of cancellation or non-renewal must be provided to	o Franchisor o	n all coverages.				
Coverages listed are minimum requirements.						
Carriers must be A-Rated or better by AM Best.						
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