

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2023

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.

If	SUE	ROGATION IS	WA	IVED, subject	to the	term	nonal insured, the po ns and conditions of the ficate holder in lieu of su	policy, certain policy	cies may req	uire an endorsement. A			
-	DUCE							CONTACT Beth Bur					
Eve	erett I	Financial Group.	LLC	dba GreatFlorida	ı İnsur	ance		PHONE (A/C, No, Ext): (727) 437-3200 (A/C, No):					
		th Avenue		3				E-MAIL ADDRESS: beth.burris@greatflorida.com					
	d Flo							INSURER(S) AFFORDING COVERAGE NAI					
		a Beach					FL 33708	INSURER A: Twin Ci					
	RED	Detteri					12 25100	INSURER B:					
11.5	-111	LC dba Kilwin's Ch	ocola	te				INSURER C :					
		dwalk PL E	ocom					INSURER D :					
100	Lionii	GWAIK I L L						INSURER E :					
Mai	l Beac	ala					FL 33708			****			
L		AGES		CED	TIEIC	ATE	NUMBER:	REVISION NUMBER:					
TH IN CI	HIS IS DICA ERTII	S TO CERTIFY THATED. NOTWITH FICATE MAY BE	STAN ISSU	THE POLICIES OF NDING ANY REQUIRED OR MAY PER	F INSU UIREM RTAIN,	JRANG MENT, THE	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A	NY CONTRACT OR O	NSURED NAM THER DOCUM RIBED HEREIN	ED ABOVE FOR THE POLICY ENT WITH RESPECT TO WH NIS SUBJECT TO ALL THE TI	ICH TH		
INSR LTR		TYPE OF I			ADDL	SUBR			POLICY EXP (MM/DD/YYYY)	LIMITS		**************************************	
LIK	X				INSD	WVD	FOLICI NUMBER	(WW/DU/TYYY)	(MINIDUITITY)		\$ \$	1.000,000	
	~	CLAIMS-MAD	_	X occur						DAMAGE TO RENTED	\$ S	1,000,000	
	-	CLAIIVIS-IVIAL	'E L	OCCOR						T TEMPOLO (La documento)	\$ \$	10,000	
Α	-				X	X	84 SBM AJ1787 SA	11/29/2023	11/29/2024		\$	1,000,000	
Α.	-	1	LAIT AI	DDI ICC DCD.		^	04 3BM A31707 3A	11/2//2023	11/2//2024		\$ \$	2,000,000	
	-	V'L AGGREGATE LIF	0-								\$ \$	2,000,000	
	^		CT	LOC							\$ \$	2.000,000	
	OTHER: AUTOMOBILE LIABILITY				 					COMBINED SINGLE LIMIT	\$	1,000,000	
	ANY AUTO								(Ea accident)	\$	1,000,000		
	-	OWNED SCHEDULED			X	X	84 SBM AJ1787 SA	11/29/2023	11/29/2024		\$		
Α	V	AUTOS ONLY HIRED	×	AUTOS NON-OWNED	^	^	64 3DM AJ1/6/ 3A	11/29/2023	11/29/2024	PROPERTY DAMAGE	\$		
	X	AUTOS ONLY	*	AUTOS ONLY						(Per accident)	\$		
	X	IIMBRELLA LIAR	JMBRELLA LIAB X OCCUR		 						\$	1,000,000	
A	-	EXCESS LIAB	F		X	X	84 SBM AJ1787 SA	11/29/2023	11/29/2024	EACH OCCURRENCE AGGREGATE	\$ S	1,000,000	
A	-	GEAINIS-IVIADE			1 ^	^	04 3DM AJ1707 3A	11/29/2023	11/29/2021	AGGREGATE	s	1,000,000	
<u> </u>	DED RETENTION \$ WORKERS COMPENSATION				 					PER OTH-	<u> </u>		
	1	AND EMPLOYERS' LIABILITY Y/N								 	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A					E.L. DISEASE - EA EMPLOYEE					
									\$				
<u> </u>	DES	CRIPTION OF OPEN	AHC	DIA2 DEIOM	1	-				Each Claim Limit	J	\$10,000	
Α	E	mployment Pract	ices l	Liability			84 SBM AJ1787 SA	11/29/2023	11/29/2024	Aggregate Limit		\$10,000	
Λ							04 3DM /31/0/ 3/1	11/23/2023	11/2//2024	I Iggiogate Billin		ψ. t. (1,550	
DES	CRIPT	TION OF OPERATIO	NS/	LOCATIONS / VEHIC	CLES (ACOR	 D 101, Additional Remarks Sche	dule, may be attached if n	nore space is req	uired)			
Ki lis reg wi	lwin's ed as ards th reg	s Chocolates Frances s Additional Insurate General Liabi gards to General	nchis reds lity, . Liabi	se, Inc and Kilwin on the Primary an Automobile Liabi	's Qua id Nor ility ar Liabil	ility C n-Cont nd Um ity and	onfections, Inc are tributory basis with ıbrella. Waiver of Subrogatio d Umbrella in favor of Kilwi	n					
CE	STIE	ICATE HOLDE	R					CANCELLATION					
	XIII"			colate Franchise	Inc		aliga para ang ang ang ang ang ang ang ang ang an	SHOULD ANY OF	DATE THERE	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVE BY PROVISIONS.			

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Kilwin's Quality Confections, Inc.

1050 Bay View Road

Petoskey, MI 49770

AUTHORIZED REPRESENTATIVE

Helena Everett

	AGEN	ICY CUSTOMER ID:							
	LOC #:								
ACORD® ADDITIONAL	REMA	ARKS SCHEDI	JLE	Page	of				
AGENCY		NAMED INSURED							
Everett Financial Group, LLC dba GreatFlorida Insurance		JLS-1 LLC dba Kilwin's	s Chocolates						
POLICY NUMBER		160 BOARDWALK PLA							
84 SBM AJ1787 SA		MADEIRA BEACH, FL							
	NAIC CODE								
Twin City Fire Insurance Company		EFFECTIVE DATE:	11/29/2023						
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOI									
FORM NUMBER: 25 FORM TITLE: Certificate of Liabil	ity Insurance)							
Umbrella coverage is follow form. 30 days notice of cancellation or non-renewal must be provided to Coverages listed are minimum requirements. Carriers must be A-Rated or better by AM Best.	Franchisor	on all coverages.							