OP ID: BH

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

09/23/2022

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.

this certificate does not confer rights to the certificate holder in lieu of su PRODUCER Hecht Insurance Agency, Inc. 6006 SW 18th Street, Suite B-3					CONTACT NAME:	CONTACT Bret D. Hecht					
					PHONE (A/C, No, Ext): 561-391-9922 FAX (A/C, No): 561-391-9923						
Boca Raton, FL 33433	uite b-3				E-MAIL ADDRESS:	bret@hed	chtagency.	com			
BOOK (Micon) I is control						INSURER(S) AFFORDING COVERAGE					
					INSURER A: Hartford Insurance Company					09260	
INCURED					INSTIRER	INSURER B : Progressive					
INSURED Sugar Madness, LLC Robert Kelly 809 E Las Olas Blvd					INSURER C:						
					INSURER D :						
t Lauderdale, FL 3330	1					INSURER E : INSURER F :					
	055			NUMPED:	INSURER	-		REVISION NUMBER:			
COVERAGES	CER	CHEC	AIL	NUMBER:	VE BEEN	ISSLIED TO		D NAMED ABOVE FOR TH	IE POI	ICY PERIOD	
INIDIOATED MOTIVIT	LICTANDING AND DE			NT TERM OR CONDITION	I () E ANY (CONTRACT	OR OTHER I	JUCUMENT WITH RESPEC	, , , ,		
OFFICIONTE MAY D	E ICCLIED OF MAY	PERT	ΔIN	THE INSURANCE AFFORD	DED BY TH	IE POLICIES	S DESCRIBEL	HEREIN IS SUBJECT TO	ALL	THE TERMS,	
		POLIC	CIES.	LIMITS SHOWN MAY HAVE	BEEN RE	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
	NSURANCE	INSD	SUBR	POLICY NUMBER	()	M/DD/YYYY)	(MM/DD/YYYY)			1,000,00	
A X COMMERCIAL GE	NERAL LIABILITY							DAMAGE TO RENTED	\$	1,000,00	
CLAIMS-MAI	OCCUR			33SBMAU10LF006	0	9/28/2022	09/28/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,00	
								MED EXP (Any one person)	\$	10,00	
								PERSONAL & ADV INJURY	\$	2,000,00	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DECT LOC								GENERAL AGGREGATE	\$	2,000,00	
								PRODUCTS - COMP/OP AGG	\$	2,000,00	
OTHER:								ACTION ED ONIOLE LIMIT	\$	4 000 00	
B AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00	
ANY AUTO				961889763	0	09/28/2022	09/28/2023	BODILY INJURY (Per person)	\$		
X OWNED AUTOS ONLY	SCHEDULED AUTOS								\$		
HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AUTOS UNLY	AUTOS ONLT							Unin Motorist	\$	1,000,00	
A X UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	1,000,00	
EXCESS LIAB	CLAIMS-MADE			33SBMAU10LF006	0	9/28/2022	09/28/2023	AGGREGATE	\$	1,000,00	
DED RET	ENTION \$ 100000)							\$		
								PER OTH- STATUTE ER			
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				33WECAT5AGK	08/05/202	8/05/2022	08/05/2023	E.L. EACH ACCIDENT	\$	1,000,00	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,00	
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
DESCRIPTION OF OPE	RATIONS below	+	1					E.E. DIOLAGE T CEIGIT EIMIT			
				D 101, Additional Remarks Sched			e space is requi	red)			
Worker's Compens certificate holder.	ation policy inclu	iaes	wai	ver of Subrogation in	iavor oi	uie					
certificate florder.											
CERTIFICATE HOLD	ER				CANCE	ELLATION					

						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Kilwin's Chocolates Franchise Kilwin's Quality Confections					ACCO	ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	AUTHORIZED REPRESENTATIVE					
1050 Bay View Road											
Petoskey, MI 49770											