

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/22/2018

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).

CLEARWATER BEACH FL	33767	INSURER F:				
		INSURER E :				
391 MANDALAY AVE		INSURER D :				
THREE BLIND MICE TOO LLC		INSURER C:				
INSURED		INSURER B: Technology Ins Co				
Delray Beach FL	33444	INSURER A:Old Dominion Ins Co	40231			
		INSURER(S) AFFORDING COVERAGE	NAIC #			
275 George Bush Blvd		E-MAIL ADDRESS: trish@gbifl.com				
Gracey Backer Inc			FAX (A/C, No): (561) 265-0034			
PRODUCER		CONTACT Trish Warren				

COVERAGES CERTIFICATE NUMBER:CL1842427926

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	Х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			X	Y	BPG4687K	5/23/2018	5/23/2019	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						TO SECURIOR OF THE SECURIOR OF	\$	
	AU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
n		ALL OWNED SCHEDULED AUTOS	х		BPG4687K	5/23/2018	5/23/2019	BODILY INJURY (Per accident)	\$	
	x	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	11 7.5%
									\$	
JAN 12	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
3330		DED RETENTION \$	X		CUG4687K	5/23/2018	5/23/2019		\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY						x PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			TWC3553300	TWC3553300	06/12/2018	06/12/2019	E.L. EACH ACCIDENT	\$	1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

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

Certificate holder is Additional Insured - Primary & Non-Contributory re General Liability; Waiver of Subrogation applies to General Liability & Workers Compensation/Employers Liability; 30-day notice of cancellation/non-renewal - except Workers Compensation

CERTIFICATE HOLDER		CANCELLATION				
	ocolate Franchise Inc ality Confections Inc	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, M		AUTHORIZED REPRESENTATIVE				
0.49		Trish Warren/TW				

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