

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf ti	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t	to t	he te	rms and conditions of th	ne polic uch en	cy, certain po	olicies may	require an endorsement	. A st	atement on	
PRODUCER						CONTACT Erica White					
Brightway Insurance						PHONE 054 647 2600 FAX 966 762 2820					
	240 W Sample Road		E-MAIL	E-MAIL Fries White@Brightway com							
	ral Springs, FL 33065			ENECO.							
Corai Oprings, 1 E 33003						INSURER(s) AFFORDING COVERAGE INSURER A: Mt. Hawley Insurance Company				10200	
INSURED						The state of the s				10200	
						INSURER B: Evantston Insurance Company					
Ventures III, Inc. DBA Kilwins Of Coral Springs 12199 NW 32 Court						INSURER C:					
					INSURER D:						
Coral Springs, FL 33065					INSURER E:						
00//504050						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						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.											
	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN F						
INSR LTR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR				- 1			DAMAGE TO RENTED PREMISES (Ea occurrence)	Ψ	,000	
Α								MED EXP (Any one person)	\$ 5,00	00	
			Y	GPK0029953	1	12/14/2022	12/14/2023	TERCOTTIL CATEDY INCOME.		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00		00,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 1,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,0	00,000	
Α	ANY AUTO	Y	Y		12/14/2022	12/14/2022	12/14/2023	BODILY INJURY (Per person)	\$		
	X OWNED AUTOS ONLY SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY			GPK0029953				BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 4,0	00,000	
В	CLAIMS-MADE	Υ	Y	EZXS3099467		12/14/2022	12/14/2023	AGGREGATE \$ 4,0		00,000	
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED? N / A (Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be	attached if more	space is require	d)			
AD	DITIONAL INSURED:										
	WINS CHOCOLATES FRANCHISE, INC										
1050 BAY VIEW ROAD PETOSKEY, MI 49770											
CFI	RTIFICATE HOLDER		CANC	CANCELLATION							
						VILLE III AII					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
KILWINS CHOCOLATES FRANCHISE, INC.					ACCORDANCE WITH THE POLICY PROVISIONS.						
	1050 BAY VIEW ROAD				AUTHORIZED REPRESENTATIVE , /						
	PETOSKY, MI 49770				1 1/1						
		(2120 / 1 /									