



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2017

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).

<b>PRODUCER</b> Alliance and Associates Financial Services II 1091 Oakleaf Plantation Parkway  Orange Park FL 32065	<b>CONTACT NAME:</b> Commercial Service <b>PHONE (A/C, No, Ext):</b> 8557922804 <b>E-MAIL ADDRESS:</b> Latesha@alliance321.com	<b>FAX (A/C, No):</b> 9049304672
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Vada Chocolates Inc. 10281 Midtown Pkwy Ste 125  Jacksonville FL 32246	<b>INSURER A:</b> West American Insurance Company NAIC #: 44393	
	<b>INSURER B:</b> Ohio Casualty Insurance Company NAIC #: 24074	
	<b>INSURER C:</b> AmTrust Financial Services, Inc NAIC #: 42376	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Businessowners	Y	Y	BZW58228161	12/27/2017	12/27/2018	EACH OCCURRENCE \$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2000000
							MED EXP (Any one person) \$ 15000
							PERSONAL & ADV INJURY \$ 2000000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BAO58228161	12/27/2017	12/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			USO58228161	12/27/2017	12/27/2018	EACH OCCURRENCE \$ 1000000
							AGGREGATE \$ 1000000
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3612973	03/01/2017	03/01/2018	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1000000
							E.L. DISEASE - EA EMPLOYEE \$ 1000000
							E.L. DISEASE - POLICY LIMIT \$ 1000000

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

Kilwins Chocolate Franchise, Inc and Kilwins Quality Confections, Inc are listed as Additional Insured Grantor of Franchise with respect to the General Liability for the following covered location. Re: 10281 Midtown Pkwy Ste 125 Jacksonville, FL 32246  
 30\* Day Notice of Cancellation \*10 Day Notice of Cancellation for Cancellation for Non-Payment of Premium.  
 Umbrella follows form. Waiver of Subrogation Applies per form BP7076 and CA7110.  
 This policy is primary. Certificate Holder is Additional Insured if required per Insured Contract per form CA7110.

<b>CERTIFICATE HOLDER</b>  Kilwins Chocolate Franchise, Inc  Kilwins Quality Confections, Inc 1050 Bay View Rd Petoskey, MI 49770	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Melody McCoy</i>
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.