

CERTIFICATE OF LIABILITY INSURANCE

9/21/2016

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.

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).

PRODUCER

Gracey Backer Inc

PHONE (A/C, No, Ext): (561) 276-6055 FAX (A/C, No): (561) 265-0034 EMAIL ADDRESS: trish@gbifl.com

Gracey Backer Inc 275 George Bush Blvd INSURER(S) AFFORDING COVERAGE NAIC# Delray Beach FL 33444 INSURERA:Old Dominion Ins Co 40231 INSURED INSURER B: The Travelers Indemnity Company Of 25666 TEAM JD SQUARED INC INSURER C: DBA KILWIN'S VERO BEACH INSURER D: 3001 OCEAN DRIVE STE 108 INSURER E: VERO BEACH 32963 INSURER F:

COVERAGES CERTIFICATE NUMBER:CL1692122419

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
		x		BPG0641B	11/2/2016	11/2/2017	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	X POLICY PRO-				-		PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					·	CGRDP \$ 3,359
	AUTOMOBILE LIABILITY				·	·	COMBINED SINGLE LIMIT \$ 500,000
A	ANY AUTO						BODILY INJURY (Per person) \$
•	ALL OWNED SCHEDULED AUTOS			BPG0641B	11/2/2016	11/2/2017	BODILY INJURY (Per accident) \$
	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 1,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED X RETENTIONS 0			CUG0641B	11/2/2016	11/2/2017	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$ 1,000,000
В	(Mandatory In NH)			UB-4485T27-3-16	11/2/2016	11/2/2017	ELL DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
					-		
need	DESCRIPTION OF DESCRIPTIONS (1 OCATIONS / VEHICLES (ACODD 401 Additional Perserve Schedule, may be affected if more cased in required)						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Additional Insured with respect to General Liability

CERTIFICATE HOLDER

KILWIN'S CHOCOLATES FRANCHISE INC 1050 Bay View Road PETOSKEY, MI 49770

CANCELLATION

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

Trish Warren/TW

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