

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2018

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).

certificate holder in lieu of such endorsement(s).														
PR	ODUCE	R						CONTACT NAME:						
Automatic Data Processing Insurance Agency, Inc.									PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL					
1 Adp Boulevard									E-MAIL ADDRESS:					
Roseland, NJ 07068									INSURER(S) AFFORDING COVERAGE NAIC #					
									INSURER A: Employers Compensation Insurance Company				11512	
INSURED									INSURER B:					
JLS - 1 LLC								INSURER C:						
160 JOHNS PASS BOARDWALK									INSURER D:					
Madeira Beach, FL 33708									INSURER E :					
									INSURER F:					
COVERAGES CERTIFICATE NUMBER: 805724								REVISION NUMBER:						
	THIS	S TO CERTIFY	THA	T THE POLICIES	OF	INSU	RANCE LISTED BELOW HA	VE BEE	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
											DOCUMENT WITH RESPEC			
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 INSD WVD						SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
F"	COMMERCIAL GENERAL LIABILITY			INSD	WVVD	I SEIGH HOMBER		(mm 00/1111)	(AIRIDDITTT)	EACH OCCURRENCE \$				
1	CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
1	OLAIMIS-MADE COOK									MED EXP (Any one person) \$				
1										PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$				
	PRO-									PRODUCTS - COMP/OP AGG \$				
	OTHER:								\$					
Н	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT \$				
	ANY AUTO									(Ea accident) BODILY INJURY (Per person) \$				
		ALL OWNED SCHEDULED									BODILY INJURY (Per accident) \$			
		HIRED AUTOS		NON-OWNED							PROPERTY DAMAGE &			
		HIRED AUTOS		AUTOS							(Per accident) \$			
		UMBRELLA LIAB	Т	OCCUR							EACH OCCURRENCE \$			
		EXCESS LIAB	H	CLAIMS-MADE							AGGREGATE \$			
			NITIC		1						* \$			
\vdash	WOF	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									V I PER I TOTH-			
											E.L. EACH ACCIDENT \$		100,000	
A OFFICER/MEMBER EXCLUDED? N			N/A	Y	Y EIG201011904		09/17/2017	09/17/2018	E.L. DISEASE - EA EMPLOYEE \$		100,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$		500,000		
	DESCRIPTION OF OPERATIONS DRIOW										E.E. DISEASE - FOLIOT LIMIT \$,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)														
							ation in favor of the certifica				,			
<u>۲</u>	DTIF	ICATE HOLD	EP					CANO	CANCELLATION					
CERTIFICATE HOLDER									CANCELLATION					
									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
1		Kilwine	Ous	lity Confection	s Inc	& Kil	lwins Chocolates	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Kilwins Quality Confections Inc & Kilwins Chocolates Franchise Inc									ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bayview Rd Petoskey, MI 49770								AUTHO	RIZED REPRESE	NTATIVE				
								1-71 Ju Ju						
1								Mony M. Muin						

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