

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2022

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A stat	ement on		
\vdash	DUCER	(110 (3611111	cate ficiaer in fied of such	CONTACT NAME:	John Gilse	nan				
Gilsenan Agency LLC						(201) 44		FAX	(201) 445-0942		
213 E Ridgewood Avenue						[A/C, No, Ext): (A/C, No): (201)					
ı	•				ADDRESS:	jonnæglise	BITATIITISUTATICE	E.COIII			
P.O. Box 785						INSURER(S) AFFORDING COVERAGE				¥	
Ridgewood NJ 07451-0785						INSURER A: Blackboard Insurance company					
INSURED						INSURER B. New Hampshire Insurance Company					
PDMC Enterprises Inc, DBA: T/A Kilwins of Ridgewood					INSURER C: Berkshire Hathaway Insurabce Company						
121 East Ridgewood Avenue					INSURER D						
					INSURER E:						
Ridgewood				NJ 07450	INSURER F:						
				NUMBER: CL225180065				REVISION NUMBER:		_	
	HIS IS TO CERTIFY THAT THE POLICIES OF I										
CI	DICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA	IN, T	HE INS	SURANCE AFFORDED BY THE	E POLICIES	DESCRIBED	HEREIN IS SI	UBJECT TO ALL THE TERMS	HIS .		
(E)	CLUSIONS AND CONDITIONS OF SUCH PO	LICIE	S_LIM	TS SHOWN MAY HAVE BEEN	REDUCED	BY PAID CL.	AIMS.				
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	PC (Mil	OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000		
		Y	Υ			}	04/24/2023	MED EXP (Any one person)	s 10,000		
Α				HIPB-1431504	04	4/23/2022		PERSONAL & ADV INJURY	s		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER							THOUSE TO SOME FOR AGO	s		
A	AUTOMOBILE LIABILITY			-		04/23/2022	04/23/2022	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000	_	
	ANY AUTO	Y	Y					BODILY INJURY (Per person)	s		
	OWNED SCHEDULED AUTOS ONLY AUTOS			HIPB1431504	04			BODILY INJURY (Per accident)	s	_	
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	_	
	AUTOS ONLY AUTOS ONLY						(Per accident)	s			
В	➤ UMBRELLA LIAB ➤ OCCUR	Y	Y	<u> </u>	04/23/2022			. 1,000,000	_		
	EXCESS LIAB CLAIMS-MADE			04375949		04/23/2022	04/23/2023	EACH OCCURRENCE	3 ' '		
	16594						AGGREGATE	\$			
	WORKERS COMPENSATION			<u> </u>				PER OTH- STATUTE ER	\$	_	
С	AND EMPLOYERS' LIABILITY	N/A				11/21/2021	11/21/2022		1,000,000	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			PDW255735	11			E L EACH ACCIDENT	£ 1,000,000	_	
	(Mandatory in NH) If yes, describe under							E L DISEASE - EA EMPLOYEE	s 1,000,000	_	
	DESCRIPTION OF OPERATIONS below		 -					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	Q /AC	OPD 4	01 Additional Remarks Caberdalia	may be after t	had if week at	la #41 #1			_	
	in's Chocolates Franchise, Inc and Kilwin's (aa Caasidh isaa haadi iida			
rega	rds to general Liability, Auto Liability and Un	nbrella	a. Wai	ver of Subrogation with reard	s to Genera	al Liability Au	rnmary and n Itomobile Liab	on-Contributory basis with ility and Umbrella in favor of			
Kikw	rin's Chocalates Franchise, Inc and Kilwin's	Quali	ty Cor	nfections, Inc.		,		,			
				<u></u>				<u> </u>		_	
CERTIFICATE HOLDER						CANCELLATION					
Kilwin's Chocolates Franchise, Inc Kilwin's Quality Confections Inc 1050 Bay View Road						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					

Petoskey

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