

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2019

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).

COTATIONED HOLDER HIT HOLD OF OR						
PRODUCER			CONTACT Trish Warren			
Gracey-Backer Inc.			PHONE (A/C, No, Ext): (561) 276-6055 FAX (A/C, No)	FAX (A/C, No): (561) 265-0034		
275 George Bush Bouleva	rd		E-MAIL ADDRESS: trish@gbifl.com			
			INSURER(S) AFFORDING COVERAGE		NAIC #	
Delray Beach	FL	33444	INSURERA: Mainstreet America Protection Inst	urance	13026	
INSURED			INSURER B: Old Dominion Ins Co		40231	
MOORE DELIGHTS INC			INSURER C:			
			INSURER D :			
31 SW OSCEOLA ST			INSURER E:			
STUART	FL	34994-2117	INSURER F:			
COVERAGES		CERTIFICATE NUMBER: CL19102433	877 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	INSR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
				Y	BPG58274	11/23/2019	11/23/2020	MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	ANY AUTO ANY AUTO ALL OWNED X SCHEDULED AUTOS			B1G58274	11/23/2019	11/23/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
								BODILY INJURY (Per person)	\$	
				Y				BODILY INJURY (Per accident)	\$	
	х							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
в		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
_		DED RETENTION \$	x	Y	CUG58274	11/23/2019	11/23/2020		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	(Man	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is Additional Insured - Primary & Non-Contributory; Waiver of Subrogation applies to General Liability, Auto & Umbrella; 30-day notice of cancellation

CERTIFICATE HOLDE	E HOLDE	RTIFICATE
-------------------	---------	-----------

KILWIN'S CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC 1050 Bay View Road PETOSKY, 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

Between Tr. Gerran	
--------------------	--