

DATE (MM/DD/YYYY)

	L. CER	CERTIFICATE OF LIABI					ILITY INSURANCE				
THIS (CERTIFICATE IS ISSUED AS A MA' IFICATE DOES NOT AFFIRMATIVE W. THIS CERTIFICATE OF INSUR.	TER	OF	INFORMATION ONLY	AND CO	NFERS NO	RIGHTS UP	ON THE CERTIFICA	TE HOL BY THE (S), AU	DER. THIS POLICIES THORIZED	
BELO	W. THIS CERTIFICATE OF INSON	D THE	CE	RTIFICATE HOLDER.				LINOUED provisio	ne or he	endorsed.	
IMPO	RTANT: If the certificate holder is a BROGATION IS WAIVED, subject to ertificate does not confer rights to	the to	erm ertif	s and conditions of the icate holder in lieu of s	policy, uch end	lorsement(s)	quire an endorseme	ц. д з		
RODUCE				i i	NAME:			FAX (A/C, No			
elen Risk Solutions, Inc.						E-MAIL violu@zelenrisk com					
7964 Devoe Street						INSURER(S) AFFORDING COVERAGE NAIC #					
Jacksonville FL 32220						INSURER A: Hartford Insurance Company					
11						INSURER B: Technology Insurance Company					
Vada Chocolates, Inc. daa kiiffins of daalee 10281 Midtown Parkway, Suite 1 Jacksonville FL 32246						INSURER C:					
						INSURER D:					
						INSURER F:					
						REVISION NUMBER:					
	TIFICATE MAY BE ISSUED OR MAY PI	POLIC	N, T		ED BY T AVE BEE	N REDUCED	BY PAID CLA		PECT TO TO ALL MITS) WHICH THIS . THE TERMS,	
SR TR	TYPE OF INSURANCE	DDL SU	BR VD	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	Įĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	EACH OCCURRENCE	s s		
œ	COMMERCIAL GENERAL LIABILITY					.	Ì	DAMAGE TO RENTED PREMISES (Ea occurrence)			
	CLAIMS-MADE OCCUR						j	MED EXP (Any one person)	\$	<u> </u>	
			- [Į	PERSONAL & ADV INJURY	<u>s</u> _		
<u> </u>			- }	<i>,</i>		ļ	ļ	GENERAL AGGREGATE	\$		
G	BEN'L AGGREGATE LIMIT APPLIES PER:	Ì						PRODUCTS - COMP/OP AC	3G \$		
	OTHER:	_						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,	000,000	
- 1-	AUTOMOBILE LIABILITY ANY AUTO			1			12/27/2020	BODILY INJURY (Per personal BODILY INJURY (Per accident		-	
A)	OWNED SCHEDULED AUTOS ONLY NON-OWNED			21UECHH9387		12/27/2019		PROPERTY DAMAGE (Per accident)	\$		
	AUTOS UNLT							EACH OCCURRENCE	\$		
-	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$		
	DED RETENTION \$	\vdash						X PER OT	TH-		
- 17	WORKERS COMPENSATION					03/01/2019	03/01/2020	FI. FACH ACCIDENT	<u> </u>	,000,000	
- 17	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	-	TWC3695975				E.L. DISEASE - EA EMPLO	OYEE \$ 1	,000,000	
19	(Mandatory in NH)					<u> </u>	<u> </u>	E.L. DISEASE - POLICY L	IMIT S 1	,000,000	
	DESCRIPTION OF UPERATIONS DELOW	1									
Į				Dr. 404 Advisional Remorks Col	hedule, ma	y be attached if	more space is re	equired)			
B DESC Kilw Wai	NORKERS COMPENSATION S WORKERS COMPENSATION S AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? MANGALOTY IN NH)	N/A CLES (ded as of Kilexcept	: Ad Iwin t 10	RD 101, Additional Remarks Sci iditional Insured on a Pl as Chocolate Franchise days for non-payment	inc. wh	y be attached if and Non-con en required	more space is re	X PER OT STATUTE EL. EACH ACCIDENT E.L. DISEASE - EA EMPLI E.L. DISEASE - POLICY L squired) sis when required b	OYE	\$ s 1 s 1 T s 1	
dch	alupka@kilwinsfranchise.com jac	KSONV	me(®WIII 110100W							
CE	RTIFICATE HOLDER					ICELLATIO					
CEI	Kilwins Chocolate Franci Kilwins Quality Confection	nise, li ons, In	nc.		T-1	IE EVDIRATI	ON DATE I	E DESCRIBED POLICIES HEREOF, NOTICE W ICY PROVISIONS.			
	1050 Bay View Road				<u> </u>			11 b. 12		// <lfu< td=""></lfu<>	

1050 Bay View Road Petoskey, MI 49770

AUTHORIZED REPRESENTATIVE

Vicky M. Zelen <LFU>