

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2021

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 noticy(les) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne te	rms and conditions of th	e polic	y, certain po	olicies may r		orsement	. A sta	atement on	
PRODUCER						CONTACT NAME:						
Olivier-VanDyk Insurance Agency						PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100						
2780 44th Street SW Wyoming MI 49519						(A/C, No, Ext): 010-454-0800   (A/C, No): 010-454-7100     E-MAIL   ADDRESS: certificates@ovdinsurance.com						
11,500.00						INSURER(S) AFFORDING COVERAGE NAIC#						
						INSURER A: Chubb Insurance Company					12777	
INSURED MARSWEE-01						INSURER B:						
Mar Sweets Shop, LLC						INSURER C:						
3897 Truman Dr Frisco TX 75034						INSURER D :						
111300 177 7 300 4						INSURER E :						
						INSURER F:						
COVERAGES CER			CATE	NUMBER: 940729294	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	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Y	D96387830		9/1/2021	9/1/2022	EACH OCCURRENT DAMAGE TO RENT		\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ	\$ 1,000	,000		
								MED EXP (Any one	person)	\$ 10,00	0	
	X Primary/NonContr							PERSONAL & ADV	INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO	GATE	\$2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$ 2,000	,000	
_	OTHER:	Y	V	D00007000		0/4/0004	0/4/0000	COMBINED SINGLE	E LIMIT	\$ ¢1,000	000	
Α	AUTOMOBILE LIABILITY  ANY AUTO	Y	Y	D96387830		9/1/2021	9/1/2022	COMBINED SINGLE (Ea accident)		\$ 1,000	,000	
	OWNED SCHEDULED							, , ,		\$		
	X HIRED X NON-OWNED							,	,	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMA( (Per accident)		\$		
A	X UMBRELLA LIAB X OCCUR	Y	Y	D96387945		9/1/2021	9/1/2022			•		
^	- TVOTOO LUID	'	'	D90307945		9/1/2021	9/1/2022	EACH OCCURRENCE		\$ 2,000,000 \$ 2,000,000		
	CEAIWS-WADE							AGGREGATE			,000	
Α	DED    RETENTION \$ 0		Y	71798460		9/1/2021	9/1/2022	X PER STATUTE	OTH- ER	\$		
, ,	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE			71700400		3/1/2021	0/1/2022			\$ 1,000	000	
	OFFICER/MEMBER EXCLUDED?  Mandatory in NH)							E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POL	LICT LIMIT	\$ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 7161 Bishop Rd #G3, Plano, TX 75024 30 days notice of cancellation applies.												
CERTIFICATE HOLDER						CANCELLATION						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770						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						
						Reckulart						