

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/19/2021

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.

lf	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	ne tei	ms and conditions of th	e polic	y, certain po	olicies may r					
_	DUCER	CONTACT										
Olivier-VanDyk Insurance Agency						PHONE 040 454 0000 FAX 0					240.454.7400	
2780 44th Street SW						(A/C, No, Ext): 616-454-0800 (A/C, No): 6					616-454-7100	
Wyoming MI 49519						ADDRESS: Certificates@ovdinsurance.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: Citizens Insurance Company					31534	
INSURED ROYACON-01 Royal Confections, LLC						INSURER B:						
5025 Savannah Run						INSURER C:						
Cumming GA 30040						INSURER D:						
-						INSURER E:						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER			NUMBER: 1759088946	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 POLICY EFF POLICY EXP												
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
Α	X COMMERCIAL GENERAL LIABILITY Y Y O7ID			O7ID781444		12/5/2021	12/5/2022	DAMAGE TO RENTE PREMISES (Ea occu	\$ 1,000	,		
	CENTING INVEST COOCK							MED EXP (Any one		\$10,000		
	X Primary/NonContr	Primary/NonContr					PERSONAL & ADV INJURY \$1,000,					
	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,000						
	POLICY PRO- JECT LOC							PRODUCTS - COMF		\$ 2,000	,000	
•	OTHER:	Y		0710704444		40/5/0004	10/5/0000	COMBINED SINGLE	LIMIT	\$ 000	000	
Α	AUTOMOBILE LIABILITY ANY AUTO	Y	Y	O7ID781444		12/5/2021	12/5/2022	(Ea accident)		\$ 1,000	,000	
	OWNED SCHEDULED							BODILY INJURY (Pe	. ,	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (PE		\$		
	X HIRED X NON-OWNED AUTOS ONLY							(Per accident)	'L	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR	XCESS LIAB CLAIMS-MADE			12/5/2021	12/5/2022			\$ 1,000	,		
								AGGREGATE		\$ 1,000,000		
	DED X RETENTION \$ 0							1050	0.711	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	W2ID781433		12/5/2021	12/5/2022	X PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$1,000	,000	
	(Mandatory in NH)	/ in NH)						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 6330 Halcyon Way, Alpharetta, GA 30005 A 30 day 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						
						Beckyffart						