ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

							—	9/	29/2023	
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.										
If SUBROGATION IS WAIVED, subject										
this certificate does not confer rights t	the	e cert	ificate holder in lieu of su).	-			
PRODUCER				CONTA NAME:	СТ					
Olivier-VanDyk Insurance Agency				PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100						
2780 44th Street SW					E-MAIL ADDRESs: certificates.sbu@ovdinsurance.com					
Wyoming MI 49519										
				INSURER(S) AFFORDING COVERAGE					NAIC #	
NSURED CMTREAT-01				INSURER A: The Hartford					22357	
CMTREAT-01 CM Treats LLC; CM Tennesweets LLC; CM Brookhaven LLC;				INSURER B :						
CM Stadium Trace LLC; CM White Sa	nd S	weet	is LLC;	INSURER C :						
CM Villages LLC; CM Destin Majestic	LLC	;	·	INSURE	RD:					
CM Ventures Inc.				INSURE	RE:					
1230 Broadway				INSURE	RF:					
COVERAGES CER	TIFI	CATE	NUMBER: 1263517586				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POL	ICY PERIOD	
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	AIN, CIES.	THE INSURANCE AFFORD	ED BY	THE POLICIE REDUCED BY	S DESCRIBED PAID CLAIMS.				
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								\$		
							MED EXP (Any one person)			
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY								\$		
							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	81WECAN2ZJ0		10/16/2023	10/16/2024	X PER OTH- STATUTE ER			
AND EMPLOYERS LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	,000	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000	
If yes, describe under DESCRIPTION OF OPERATIONS below	L						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location 1: 1230 Broadway, Columbus, GA 31901 Location 2: 408 S Gay St, Knoxville, TN 37902										
Location 3: 705 Town Blvd SE, Atlanta, GA 30319 Location 4: 5220 Peridot Place, Ste 112, Hoover, AL 35244										
Location 5: 4142 Legendary Dr, B 106, Des Location 6: 1108 Main St, The Villages, FL	3215	∟ 32: 59	ו דיי							
Location 7: 1200 Scenic Gulf Dr, Unit C, M	irama	r Bea	ich, FL 32550							
				C A 1/2						
CERTIFICATE HOLDER					ELLATION					
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bay View Rd										
Petoskey MI 49770				\leq	ph CVC	4				

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