OP ID: JB

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2022

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.

The 265	DUCER Markey Insurance Group 0 Holcomb Bridge Rd Ste 730		770	) <del>-</del> 640-1232	CONTACT David Markey NAME: PHONE (A/C, No, Ext): 770-640-1232			FAX (A/C, No): 770-640-1833				
Alpharetta, GA 300Ž2					E-MAIL ADDRESS: david@markeyinsurance.com							
					INSURER A : Travelers Insurance Group						NAIC #	
INSURED BRIDGES CHOCOLATIER LLC						INSURER B:						
2410 COMMERCE ST												
	ALPHARETTA,GA,30009				INSURE							
						RD:						
			INSURER E : INSURER F :									
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:							
T IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF I EQUIR PERT POLIC	INSUI REME AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOY DOCUMENT WIT D HEREIN IS SU	VE FOR T TH RESPE JBJECT TO	CT TO O ALL	WHICH THIS	
INSR LTR A		ÎNSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		1,000,000	
^	X COMMERCIAL GENERAL LIABILITY  x CLAIMS-MADE OCCUR			6803S73264A		06/04/2022	06/04/2022	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ		\$	300.000	
	X CEANVIS-IVIADE OCCUR	Υ		0003373204A		06/04/2022	06/04/2023			\$	5,000	
								MED EXP (Any one	•	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV		\$	2,000,000	
	X POLICY X PRO- LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:							COMBINED SINGL	FLIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY			6803S73264A	′3264A		06/04/2023	(Ea accident)		\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	•	\$		
								BODILY INJURY (F PROPERTY DAMA (Per accident)				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	1						(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR									\$	1,000,000	
^	EXCESS LIAB CLAIMS-MADE	Υ		CUP3S975833		06/04/2022	06/04/2023	EACH OCCURREN	ICE	\$	1,000,000	
	DED RETENTION \$	1 .						AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	3		
								E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO				
	Decoration of Electronic Scient							<u> </u>	LIOT LIMIT	<u> </u>		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	) 101, Additional Remarks Schedul	e, may b	e attached if more	e space is requir	ed)				
AD	DITIONAL INSURED: SCP ALPHA	RET	ТΑ	RESIDENTIAL								
ADI	DITIONAL INSURED GUARANTEE	ΕD										
CERTIFICATE HOLDER						CANCELLATION						
KII MING CHOCOLATES EDANICHISE INC												
KILWINS CHOCOLATES FRANCHISE INC C1050 BAY VIEW ROAD PETOSKEY, MI 49770 678-923-7920					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
CLAMOS@KILWINSFRANCHISE.COM						AUTHORIZED REPRESENTATIVE						
			Quedi Brown									
						$\sim \kappa$						

**NOTEPAD** 

INSURED'S NAME Bridges Chocolatier LLC

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Kilwins Chocolates Franchise, Inc and Kilwins Quality Confections, Inc are listed as additional insured on primary and non-contributory basis with regards to General Liability, Automobile Liability and Umbrella as waiver of subrogation as regards to Workers Compensation Employers Liability, General Liability and Automobile Liability. Umbrella Liaiblity in favor of Kilwins Chocolates Franchise, Inc and Kilwins Quality Confections Inc.