

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2025

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

	SUBRUGATION IS WAIVED, Subject t is certificate does not confer rights to				ich end	lorsement(s).		une an endorsement. A	siatem	IEIIL ON	
PRODUCER						CONTACT NAME: David Markey					
Markey Insurance Group						PHONE (A/C, No, Ext): (770) 640-1232 FAX (A/C, No): 770-640-8133					
265	0 Holcomb Bridge Road				E-MAIL ADDRES	D 116	narkeyinsuranc				
	te 740				7.55.1.2	· · · · ·	•	RDING COVERAGE		NAIC#	
Alpharetta GA 30022						INSURER A: FIDELITY & GUAR INS CO					
INSURED						INSURER B: Travelers Insurance					
Bridges Chocolatier LLC						INSURER C:					
529 Burton Dr											
32)	Button Di				INSURE						
Alpharetta GA 30009					INSURER E : INSURER F :						
Alpharetta GA 30009-2495 COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
TI IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH P	INSU JIREN TAIN,	JRAN IENT, THE	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A INSURANCE AFFORDED BY	ANY CON	NTRACT OR OT DLICIES DESCR	NSURED NAMI THER DOCUMI RIBED HEREIN	ED ABOVE FOR THE POLIC ENT WITH RESPECT TO WH	HICH TH		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					((EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	x	x					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
		^	^					MED EXP (Any one person)	\$	5,000	
Α				BIP2Y877893		06/04/2025	06/04/2026	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC								\$	2,000,000	
	OTHER:							TROBUGIO - GOIMI /OT /RGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO	x	x	BIP2Y877893		06/04/2025	00/04/0000		\$	1,000,000	
	OWNED SCHEDULED	``		DIF210//093		06/04/2025	06/04/2026	` ' '	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	X AUTOS ONLY X AUTOS ONLY							(Per accident)	\$		
	V UMBRELLA LIAB OCCUR					00/04/0005	00/04/2020			1,000,000	
В	FYOTOG LIAD	X	X	CUP2Y882553		06/04/2025	06/04/2026		\$	1,000,000	
	X CEATIVIS-IVIABE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y / N							'			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below								\$		
	PROPC		,	DYDAYYORGOG		0.6/0.4/2.02	0.004/202	Special			
Α	There	X	X	BIP2Y877893		06/04/2025	06/04/2026	Special			
								Special			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	·LE3 (AUUK	ט זעז, Additional Remarks Sched	aule, may	<i>ье</i> ацаспес и т	ord space is req	uiteuj			
CE	RTIFICATE HOLDER				CANC	CANCELLATION					
Kilwins Chocolates Franchise Inc 1050 Bay View Rd						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					
	1000 Day View Icu				0590 000						
Petoskey MI 49770						David Markey					