

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/10/2022

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

| PRODUCER                                |                     |             | CONTACT                  | Certificates                       |                       |             |
|---|---------------------|-------------|--------------------------|------------------------------------|-----------------------|-------------|
| PRODUCER                                |                     |             | NAME:                    | Certificates                       |                       |             |
| Purmort and Martin Insurance Agency LLC | C                   |             | PHONE<br>(A/C, No, Ext): | (941) 366-7070                     | FAX<br>(A/C, No): (94 | 1) 953-4901 |
| 2301 Ringling Boulevard                 |                     |             | E-MAIL<br>ADDRESS:       | certificates@purmort.com           |                       |             |
|   |                     |             | PRODUCER<br>CUSTOMER ID  | 00023390                           |                       |             |
| Sarasota                                | FL                  | 34237       |                          | INSURER(S) AFFORDING COVER         | RAGE                  | NAIC #      |
| INSURED                                 |                     |             | INSURER A:               | Main Street America Protection Ins | s Co                  | 13026       |
| Ameriquest Enterprises Inc,             |                     |             | INSURER B :              |                                    |                       |             |
| DBA Kilwins of Venice                   |                     |             | INSURER C :              |                                    |                       |             |
| 1471 Northgate Blvd                     |                     |             | INSURER D :              |                                    |                       |             |
| Sarasota                                | FL                  | 34234       | INSURER E :              |                                    |                       |             |
|   |                     |             | INSURER F:               |                                    |                       |             |
| COVERAGES                               | CERTIFICATE NUMBER: | 22/23 BRDNT | N & Venice P             | roperty REVISION                   | NUMBER:               |             |

COVERAGES CERTIFICATE NUMBER: 22/23 BRDNTN & Venice Property

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 3009-53RD AVENUE EAST UNIT 2031 BRADENTON FL 34203 See Attached Overflow Pages

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.

| ISR<br>.TR |                | TYPE OF IN    | SURANCE     | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) |          |                   | LIMITS    |
|------------|----------------|---------------|-------------|----------------|---------------------------------------|-------------------------------------|----------|-------------------|-----------|
|            | ×              | PROPERTY      |             |                |                                       |                                     |          | BUILDING          | \$        |
| ı          | CAUSES OF LOSS |               | DEDUCTIBLES |                |                                       |                                     | ×        | PERSONAL PROPERTY | \$ 62,500 |
|            |                | BASIC         | BUILDING    |                |                                       |                                     | ×        | BUSINESS INCOME   | \$ 12 MOS |
|            |                | BROAD         | CONTENTS    | _              | PG94563 02/13/2022 02/13/             | 02/13/2023                          | ×        | EXTRA EXPENSE     | \$ 72 HRS |
|            | ×              | SPECIAL       | 2,500       | DD004500       |                                       |                                     |          | RENTAL VALUE      | \$        |
|            |                | EARTHQUAKE    |             |                |                                       |                                     |          | BLANKET BUILDING  | \$        |
| ٩          | ×              | WIND          | 5.00%       | DF G84303      |                                       |                                     |          | BLANKET PERS PROP | \$        |
|            |                | FLOOD         |             | 1              |                                       |                                     |          | BLANKET BLDG & PP | \$        |
|            | ×              | Contents      | 2,500       |                |                                       |                                     | $\times$ | Spoilage          | \$ 10,000 |
|            |                |               |             |                |                                       |                                     |          |                   | \$        |
|            |                | INLAND MARINE |             | TYPE OF POLICY |                                       |                                     |          |                   | \$        |
|            | CAL            | JSES OF LOSS  |             |                |                                       |                                     |          |                   | \$        |
|            |                | NAMED PERILS  |             | POLICY NUMBER  | 1                                     |                                     |          |                   | \$        |
|            |                |               |             |                |                                       |                                     |          |                   | \$        |
|            |                | CRIME         |             |                |                                       |                                     |          |                   | \$        |
|            | TYP            | E OF POLICY   |             |                |                                       |                                     |          | ]                 | \$        |
|            |                |               |             |                |                                       |                                     |          | 1                 | \$        |
|            |                | BOILER & MACH |             |                |                                       |                                     |          |                   | \$        |
|            |                | EQUIPMENT BRI | EARDOWN     |                |                                       |                                     |          |                   | \$        |
|            |                |               |             |                |                                       |                                     |          |                   | \$        |
|            |                |               |             |                |                                       |                                     |          |                   | \$        |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Kilwin's Chocolate Franchise, Inc. & Kilwins Quality Confections Inc. and Its

Affiliates, Directors, Agents And Employees Are Named as Additional Insured. 45 day Notice For Material Misrepresentative or Non Renewal 10 Day Notice for Non Payment Per Florida Statute.

| CERTIFICATE HOLDER  |      |              | CANCELLATION   |  |  |
|---|------|--------------|--|--|--|
| Kilwins Chocolates Franchise, Inc. & Kilwins Quality Confections Inc.  1050 Bay View Road |      | ections 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. |  |  |
| 1000 Bay View Moda  |      |              | AUTHORIZED REPRESENTATIVE  |  |  |
| Petoskey  | MI 4 | 19770        | avanne_doma  |  |  |

|                                |   |   | AD                                   | DITIONAL COVE              | RAGES                    |                  |              |
|--------------------------------|---|---|--------------------------------------|----------------------------|--------------------------|------------------|--------------|
| <b>Ref #</b> 2                 |   | <b>Description</b> 0001, 3009 53RD AVE E UNIT 452 Bradenton, FL 34203 Bus Pers Prop |                                      |                            | Coverage Code<br>WNDST   | Form No.         | Edition Date |
| <b>Limit 1</b><br>62,500       |   | Limit 2   | Limit 3                              | Deductible Amount 2,500    | Deductible Type  Doll    | Premium          |              |
| <b>Ref #</b>                   | Description 00001,30                                    | Scription Coverage Code 001,3009-53RD AVE E 452 Bradenton, FL 34203 Spoilage SPC    |                                      |                            |                          | Form No.         | Edition Date |
| L <b>imit 1</b><br>10,000      |   | Limit 2   | Limit 3                              | Deductible Amount<br>500   | Deductible Type Doll     | Premium          |              |
| <b>Ref</b> #                   | Description 0001,300                                    |   | 52 Bradenton, FL 342                 | 03 12 MONTHS W/EE          | Coverage Code<br>BIW/EE  | Form No.         | Edition Date |
| Limit 1                        |   | Limit 2   | Limit 3                              | Deductible Amount 72       | Deductible Type<br>HOURS | Premium          |              |
| <b>Ref #</b>                   |   | Description Coverage Cod 001,3009-53RD AVE E 452 Bradenton, FL 34203                |                                      |                            |                          |                  | Edition Date |
| Limit 1                        | 1   | Limit 2   | Limit 3                              | Deductible Amount          | Deductible Type          | Premium          |              |
| <b>Ref #</b>                   | Description 001,3009                                    |   | 2 Bradenton, FL 3420                 | 3 BPP 62,500               | Coverage Code<br>HURR    | Form No.         | Edition Date |
| Limit 1                        |   | Limit 2   | mit 2 Limit 3 Deductible Amount Dedu |                            | Deductible Type          | Premium          |              |
| <b>Ref #</b>                   | Description 00001,20                                    |   | E AVE,VENICE, FL 34                  | 285                        | Coverage Code<br>SPC     | Form No.         | Edition Date |
| <b>Limit 1</b><br>416,90       |   | Limit 2   | Limit 3                              | Deductible Amount 2,500    | Deductible Type DOLLARS  | Premium          |              |
| <b>Ref #</b>                   | Description 00001,207 WEST VENICE AVE, VENICE, FL 34285 |   |                                      |                            | Coverage Code<br>SPOILAG | Form No.         | Edition Date |
| <b>Limit 1</b><br>10,000       |   | Limit 2   | Limit 3                              | Deductible Amount<br>500   | Deductible Type DOLLARS  | Premium          |              |
| <b>Ref #</b>                   | 1   | Description 00001,207 WEST VENICE AVE, VENICE, FL 34285 BIW/EE                      |                                      | Coverage Code<br>SPC       | Form No.                 | Edition Date     |              |
| Limit 1<br>12 MO               |   | Limit 2   | Limit 3                              | Deductible Amount<br>HOURS | Deductible Type<br>HOURS | Premium          |              |
| D . C #                        | Description   | <b>Description</b><br>D0001,207 WEST VENICE AVE,VENICE, FL 34285                    |                                      | Coverage Code<br>WNDST     | Form No.                 | Edition Date     |              |
|                                | 00001,20  |   |                                      |                            |                          |                  |              |
| 3                              |   | Limit 2   | Limit 3                              | Deductible Amount 5        | Deductible Type PERCENT  | Premium          |              |
| Ref #<br>3<br>Limit 1<br>Ref # |   |   | Limit 3                              |                            |                          | Premium Form No. | Edition Date |
| 3<br>Limit 1<br>Ref#           | Description   |   | Limit 3                              |                            | PERCENT                  |                  | Edition Date |
| 3<br>Limit 1                   | Description   | DI Limit 2  |                                      | 5                          | PERCENT  Coverage Code   | Form No.         | Edition Date |