

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2023

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 to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	616-355-2920	CONTACT Jose Mireles				
Koop & Burr Inc. 348 S. Waverly Rd., Suite 240		PHONE (A/C, No, Ext): 616-355-2920	20 FAX (A/C, No): 616-3			
Holland, MI 49423 Jose Mireles		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING CO	INSURER(S) AFFORDING COVERAGE			
		INSURER A: Home Owners Insurance	Company	26638		
INSURED		INSURER B : Retailers Mutual Insurance	12471			
Another Direction LLC DBA: Kilwins		INSURER C :				
101 Washington Ave Grand Haven. MI 49417		INSURER D :				
Grand Haven, Wii 43417		INSURER E :				
		INSURER F:	·			

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F		SUBR		POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	'S
Α	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 300,000
	CLAIMS-MADE OCCUR	X		5305005301	11/04/2022	11/04/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	X Business Owners						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Α							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO			5305005300	10/02/2022	10/02/2023	BODILY INJURY (Per person)	1,000,000
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	1 000 000
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	1,000,000
								\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			5305005302	10/02/2022	10/02/2023	AGGREGATE	1,000,000
	DED X RETENTION\$ 10000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	7
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		X	WCP00012652	05/15/2023	05/15/2024	E.L. EACH ACCIDENT	\$ 2,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
Α	Property Coverage			5305005301	11/04/2022	11/04/2023	BUILDING	329,100
							PROPERTY	215,870

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Kilwins Chocolates Franchises LLC and Kilwin's Quality Confections Inc are listed as additional insured on Primary and Non Contributory basis with regards to policies indicated above. 30 Day notice is included. Contents listed above includes Tenant Improvements and Betterments. Spoilage included \$10,000

CERTIFICATE HOLDER	CANCELLATION
1 Kilwins Chocolate Franchiselnc Kilwins Quality ConfectionsInc 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
Petoskey, MI 49770	Jose Mireles

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INSURED'S NAME Another Direction LLC OP ID: KP Date 05/17/2023

Waiver of subrogation applies with respect to Workers' Compensation to the extent allowed by policy language and policy endorsements as required by written contracts for work or services provided by the insured.