

THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

November 18, 2023

Kilwins Chocolate Franchise Inc 1050 BAY VIEW RD PETOSKEY MI 49770-9006

Account Information:

Policy Holder Details : Ba Zipeto LLC DBA Kilwins

Contact Us

Need Help? Chat online or call us at (866) 467-8730. We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

| CERTIFICATE OF LIABILITY INSURANCE | | | | | | | | |
|------------------------------------|---|--|--|--|--|---|---|---|
| H Al IS IN Su | IIS CERTIFICATE IS ISSUED AS DLDER. THIS CERTIFICATE DC FORDED BY THE POLICIES BEI SUING INSURER(S), AUTHORIZE PORTANT: If the certificate hold bject to the terms and condition | DES N LOW. DREF leris soft | NOT AFF THIS CEI PRESENT an ADDI he policy | IRMATIVELY OR RTIFICATE OF INSU ATIVE OR PRODUC TIONAL INSURED, certain policies m | NEGATIVELY JRANCE DOES CER, AND THE (the policy(ies) hay require an (| AMEND, EXT NOT CONST CERTIFICATE must be end | END OR ALTER TH ITUTE A CONTRACT I HOLDER. orsed. If SUBROGATI | E COVERAGE BETWEEN THE ONIS WAIVED, |
| no | ot confer rights to the certificate h | older | in lieu of | such endorsement | (s). | | | |
| | DUCER OMATIC DATA PROCESSING INS | AGC | Y | CONTACT NAME: | | | | |
| | 50871 | • | PHONE (800) 524-7024 FAX (A/C, No, Ext): (A/C, No): | | | | | |
| | DP BLVD M/S 625 | | | E-MAIL ADDRESS: | | | (***,***) | |
| ROS | SELAND NJ 07068 | | | | INSURER(S) A | FFORDING COVE | RAGE | NAIC# |
| | | | | INSURER A : Hartfor | rd Accident and | Indemnity Corr | ipany | 22357 |
| INSU | RED | | | INSURER B : | | | | |
| BA 2 | ZIPETO LLC DBA KILWINS | | | INSURER C : | | | | |
| - | V SHORE RD | | | INSURER D : | | | | |
| HOL | BROOK MA 02343-1765 | | | INSURER E : | | | | |
| | | | | INSURER F : | | | | |
| 0.0 | /ERAGES C | FRTIF | | | | REVIS | ION NUMBER: | |
| IN Ce | IIS IS TO CERTIFY THAT THE POLICIE DICATED.NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR M. RMS, EXCLUSIONS AND CONDITIONS | EQUIR AY PE | EMENT, TE RTAIN, TH | ERM OR CONDITION (HE INSURANCE AFFC | OF ANY CONTRA DRDED BY THE | CT OR OTHER POLICIES DES | DOCUMENT WITH RESPE CRIBED HEREIN IS SUE | ECT TO WHICH THIS |
| INSR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMIT | S |
| LTR | COMMERCIAL GENERAL LIABILITY | INSR | WVD | | (MM/DD/YYYY) | (MM/DD/Y YYY) | EACH OCCURRENCE | |
| | CLAIMS-MADE OCCUR | | | | | | | |
| | | | | | | | PREMISES (Ea occurrence) MED EXP (Any one person) | |
| | | | | | | | PERSONAL & ADV INJURY | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | |
| | POLICY PRO- JECT LOC OTHER: | | | | | | PRODUCTS - COMP/OP AGO | 3 |
| | | | | | | | COMBINED SINGLE LIMIT | |
| | ANY AUTO | | | | | | (Ea accident) BODILY INJURY (Per person) | 1 |
| | ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per accider | it) |
| | AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | , |
| | | | | | | | | |
| | | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB CLAIMS- MADE | | | | | | AGGREGATE | |
| | DED RETENTION \$ | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER OTH | |
| • | ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | 00/07/0000 | 08/27/2024 | E.L. EACH ACCIDENT | \$1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? | | X | 76 WEG AH0P12 | 08/27/2023 | 00/21/2024 | E.L. DISEASE -EA EMPLOYE | E \$1,000,00 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMI | т \$1,000,00 |
| | | | | | | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / V se usual to the Insured's Operations | | S (ACORD 1 | 01, Additional Remarks S | chedule, may be atta | ached if more space | e is required) | |
| | | | | | CANCELLA | | | |
| 1050 | ns Chocolate Franchise Inc BAY VIEW RD | | | | BEFORE THE E | XPIRATION DA | E DESCRIBED POLICIES TE THEREOF, NOTICE WI DLICY PROVISIONS. | |
| - 21 | OSKEY MI 49770-9006 | | | F | AUTHORIZED REP | | | |
| | | | | | Susant | | eda | |
| | | | | | © 198 | 8-2015 ACO | RD CORPORATION. A | All rights reserved |
| CO | RD 25 (2016/03) | т | he ACO | RD name and logo | | | | <u> </u> |

AGENCY CUSTOMER ID:

LOC# :

CORD

ADDITIONAL REMARKS SCHEDULE

Page _2 _ of _2_

| AGENCY | | NAMED INSURED | | | | |
|------------------------------------|-----------|---|--|--|--|--|
| AUTOMATIC DATA PROCESSING INS AGCY | ſ | BA ZIPETO LLC DBA KILWINS | | | | |
| POLICY NUMBER | | 51 W SHORE RD HOLBROOK MA 02343-1765 | | | | |
| SEE ACORD 25 | | | | | | |
| CARRIER | NAIC CODE | | | | | |
| SEE ACORD 25 | | | | | | |
| | | effective date: SEE ACORD 25 | | | | |
| | | | | | | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM | | | | | | |
|--|----------|-------------|------------------------------------|--|--|--|
| FORM NUMBER: | ACORD 25 | FORM TITLE: | CERTIFICATE OF LIABILITY INSURANCE | | | |

Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy. State job is performed in: MA Policy Location for Employees Performing Job (Work Comp): 150 Water St Unit 101, Plymouth, MA 02360 Payroll for job to support waiver (Work Comp): 159323