CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 04/18/2025

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.

PRODUCER
John J. Clarke Insurance Inc
Citizens Bank Building
1226 Main St, Ste 1
West Warwick RI 02893

CONTACT NAME: Heidi Ferrara
PHONE (A/C, No, Ext): (401) 821-7330 **FAX (A/C, No):** (401) 821-7332
E-MAIL ADDRESS: Heidi@jjcinsurance.com
PRODUCER CUSTOMER ID: 00004483

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Ohio Insurance Company	13072
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Sailor's Sweet Tooth, Inc, DBA: Kilwins
420 Broadway
Saratoga Springs NY 12866

COVERAGES **CERTIFICATE NUMBER:** CP2541800129 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 00001 Bldg# 00001: 262 Thames Street Newport RI 02840
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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] PROPERTY CAUSES OF LOSS — DEDUCTIBLES [ ] BASIC — BUILDING [ ] BROAD — CONTENTS [X] SPECIAL — 1,000 [ ] EARTHQUAKE [X] WIND — 2% DED [ ] FLOOD	CPP0032757	06/20/2025	06/20/2026	[ ] BUILDING [X] PERSONAL PROPERTY [X] BUSINESS INCOME [ ] EXTRA EXPENSE [ ] RENTAL VALUE [ ] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP [X] Spoilage	$ $ 390,000 $ 455,000 $ $ $ $ $ $ $ 25000 $
	[ ] INLAND MARINE CAUSES OF LOSS [ ] NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	[ ] CRIME TYPE OF POLICY					$ $ $
	[ ] BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as an additional interest with respect to the property coverage on this location

CERTIFICATE HOLDER
Kilwins Quality Confections, Inc
1050 Bay View Rd
Petoskey MI 49770

CANCELLATION
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
Heidi Ferrara

Additional Named Insureds

Other Named Insureds

Kilwins

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	359 Thames St Unit E, Business Personal Property	SPC		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
205,000			1,000	Flat	

Ref #	Description	Coverage Code	Form No.	Edition Date
2	359 Thames St Unit E Business Income			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
175,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
2	359 Thames St Unit E Tenants Betterments & Improvements			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
185,000			1000	Flat	

Ref #	Description	Coverage Code	Form No.	Edition Date
	Wind Deductible			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5%		

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

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