

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2023

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		CONTACT Bill Falcone				
Arnold and Barton Insurance Group		PHONE (A/C, No. Ext): (239) 331-8595	FAX (A/C, No): (239)	331-8589		
700 11th Street South Suite #202		E-MAIL ADDRESS: Bill@abnaples.com				
		INSURER(S) AFFORDING COVER	AGE	NAIC #		
Naples	FL 34102	INSURER A: NATIONWIDE INSURANCE CO	MPANY			
INSURED		INSURER B:				
Sue's Sweet Shop of Naples LLC	;	INSURER C:				
743 5th Ave. S		INSURER D :				
		INSURER E :				
Naples	FL 34102	INSURER F:				
COVERAGES CERTIFI	CATE NUMBER:	REVISION	I 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 POL	ICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS.				

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR TYPE OF INSURANCE ADDL SUBRINSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS								
				POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000.000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3Y00,000
							MED EXP (Any one person)	\$ 5,000
		Υ		ACP 3200233792-02	01/15/2023	01/15/2024	PERSONAL & ADV INJURY	\$ 1,000.000
GEN							GENERAL AGGREGATE	\$ 2,000.000
X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000.000
	OTHER:							\$
AUTO	OMOBILE LIABILITY	Y		CU13200233792	01/15/2023	01/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE	Υ		CU13200233792	05/25/2023	01/15/2024	AGGREGATE	\$ 1,000,000
	DED RETENTION \$							\$
	EMPLOYEDOLLIA DILITY						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	PROPRIETOR/PARTNER/EXECUTIVE TITIN	N N/A					E.L. EACH ACCIDENT	\$
	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	GEN X  AUT  WORFINA AND ANY OFFIN (Mann If vee	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  Y  GEN'L AGGREGATE LIMIT APPLIES PER:  PROJECT  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED  AUTOS ONLY  HIRED  AUTOS ONLY  WON-OWNED  AUTOS ONLY  LOC  CLAIMS-MADE  Y  WORKERS COMPENSATION  AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under	TYPE OF INSURANCE  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  TY  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY  WON-OWNED AUTOS ONLY  LOC  CLAIMS-MADE  Y  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE    ADDL SUBR   NSD WYD	TYPE OF INSURANCE  TYPE OF INSURANCE  ADDL SUBR INSD WVD  POLICY EFF. (MM//DD/YYYY)  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y ACP 3200233792-02  01/15/2023  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY  WMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE Y CU13200233792  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY APPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  ADDL SUBR INSD  POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Y ACP 3200233792-02  01/15/2023  01/15/2024  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCY PRODUCY OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  VY CU13200233792  01/15/2023  01/15/2024  CU13200233792  05/25/2023  01/15/2024  V/ N CU13200233792  O5/25/2023  O1/15/2024  V/ N OFICER MERCIAL DED  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/ A OFICER MERCIAL DED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSU SUUR INSURANCE INSURANCE INSURING WYD POLICY NUMBER (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMIT    COMMERCIAL GENERAL LIABILITY   EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)   MED EXP (Any one person)   MED EXP (Any one person)

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

Kulwin's Chocolates Franchise, Inc. And Kulwin's Quality Confections Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability. Waiver of Subrogation with regards to General Liability and Umbrella policy in favor of Kulwin's Chocolates Franchise, Inc and Kulwin's Quality Confections, Inc. 30 days notice of cancelation or non renewal must be provided to the Franchisor on all coverages

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise 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.
Kilwin's Quality Confections Inc	AUTHORIZED REPRESENTATIVE
1050 Bay View Road	11.000
Petoskey, MI 49770	Wili John