| ACORD | |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/10/2021

| | | | | | | | 8/ | 19/2021 | |
|--|--|--------|--|--|---------------------|--|--------------|---------|--|
| 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). | | | | | | | | | |
| this certificate does not confer rights | to the | e cert | ificate holder in lieu of si | UCh endorsemei | nt(s). | | | | |
| Olivier-VanDyk Insurance Agency | | | | NAME: | | | | | |
| 2780 44th Street SW | | | (A/C, No, Ext): 010-454-0800 (A/C, No): 010-454-7100 | | | | | | |
| Wyoming MI 49519 | | | | ADDRESS: certificates@ovdinsurance.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE INSURER A : Chubb Insurance Company | | | | NAIC # 12777 | | | | |
| INSURED CHARCHO-01 | | | | INSURER B : | | | | 12111 | |
| Charlee's Chocolate Factory, LLC | | | | INSURER C : | | | | | |
| Bluffton SC 29910 | 152 Hampton Lake Dr Bluffton SC 29910 | | | | INSURER D : | | | | |
| | | | | INSURER E : | | | | | |
| | | | | INSURER F : | | | | | |
| | | - | NUMBER: 602048687 | | | 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. | | | | | | | | | |
| INSR LTR TYPE OF INSURANCE | ADDL | SUBR | | POLICY E (MM/DD/YY | FF POLICY EXP | | s | | |
| A X COMMERCIAL GENERAL LIABILITY | Y | Y | D9612630A | 6/12/202 | | EACH OCCURRENCE | \$ 2,000 | 0,000 | |
| CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000 | , | |
| | | | | | | MED EXP (Any one person) | \$ 10,00 | 00 | |
| X Primary/NonContr | | | | | | PERSONAL & ADV INJURY | \$ 2,000 | 0,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$4,000 | ,000 | |
| POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$4,000 | 0,000 | |
| OTHER: | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | Y | Y | D9612630A | 6/12/202 | 21 6/12/2022 | (Ea accident) | \$ 1,000,000 | | |
| ANY AUTO | | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$\$ | | |
| AUTOS ONLY AUTOS HIRED X NON-OWNED | | | | | | PROPERTY DAMAGE | \$ | | |
| AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | | |
| A X UMBRELLA LIAB X OCCUR | Y | Y | D96126517 | 6/12/202 | 21 6/12/2022 | EACH OCCURRENCE | \$ 2,000 | 000 | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ 2,000 | , | |
| DED X RETENTION \$ 0 | | | | | | | \$ | , | |
| A WORKERS COMPENSATION | | Y | 71796745 | 6/12/202 | 21 7/6/2021 | X PER OTH- STATUTE ER | | | |
| AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ 1,000 |),000 | |
| (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000 | 0,000 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000 |),000 | |
| | | | | | | | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | | 101, Additional Remarks Schedu | le, may be attached if | more space is requi | ired) | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 1414 Fording Island Rd, Bluffton, SC 29910 | | | | | | | | | |
| A 30 day notice of cancellation applies. | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | N | | | | |
| Kilwins Chocolates Franch Kilwins Quality Confection | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | |
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| reiuskey IVII 49770 | | | | | BeckyHart | | | | |
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