

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2023

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 noticy(les) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to ti	ne te	rms and conditions of th	e polic	y, certain po	olicies may i	•	rsement	. A sta	atement on	
PRODUCER						CONTACT NAME:						
Olivier-VanDyk Insurance Agency						PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100						
2780 44th Street SW Wyoming MI 49519						(A/C, No, Ext): 616-454-0800   (A/C, No): 616-454-7100     E-MAIL   ADDRESS: certificates.sbu@ovdinsurance.com						
Tryoning Mi Too to						INSURER(S) AFFORDING COVERAGE NAIC#						
						INSURER A : Citizens Ins Co Of Amer					31534	
INSURED BCLREAL-01						INSURER B:						
BCL Realty Group, LLC						INSURER C:						
1880 Willshire Glen Alpharetta GA 30009						INSURER D :						
Alphaletta GA 30003												
						INSURER E :						
COVERAGES CER			^ A T E	NUMBER: 2019134953	INSURER F : REVISION NUMBER:							
				AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						ICY 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		DELITI	POLICY FFF	POLICY EXP		LIMIT	•		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD Y	POLICY NUMBER O7IH426317		(MM/DD/YYYY) 11/10/2023	(MM/DD/YYYY) 11/10/2024	EACH OCCURRENC		\$ 1.000	000	
, ,	CLAIMS-MADE X OCCUR	ľ	ľ	07111420017		11/10/2023	11/10/2024	DAMAGE TO RENT	<b>4</b> ,	,		
	CLAIMS-MADE 1 OCCUR							PREMISES (Ea occu	\$ 500,0 \$ 10,00			
	X Primary/NonContr							MED EXP (Any one		\$ 1,000		
	Filliary/Nonconti							PERSONAL & ADV I		\$ 2,000		
	POLICY PRO- POLICY PRO- JECT LOC							GENERAL AGGREG				
								PRODUCTS - COMP	P/OP AGG	\$ 2,000	,000	
Α	OTHER: AUTOMOBILE LIABILITY	Y	Y	O7IH426317		11/10/2023	11/10/2024	COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,000	.000	
	ANY AUTO			07117120077		11/10/2020	11/10/2021	(Ea accident) BODILY INJURY (Pe		\$	,,,,,,	
	OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	X HIRED X NON-OWNED							PROPERTY DAMAG (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR	Υ	Y	O7IH426317		11/10/2023	11/10/2024	EACH OCCURRENC	`E	\$ 5,000	000	
	EXCESS LIAB CLAIMS-MADE									\$ 5,000	,	
	DED RETENTION\$							NOCKEONIE		\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Α	WORKERS COMPENSATION		Υ	W2IH578392		5/10/2023	5/10/2024	X PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)									\$ 1,000	000	
								E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$1,000,000		
	BEGOM! HOW OF OF ENAMONO BEIOW							L.L. DIOL/IOL TOL	IOT LIVIT	ψ .,σσσ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 450 Chambers St, Woodstock, GA 30188 30 day notice of cancellation												
CERTIFICATE HOLDER						CANCELLATION						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770						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						