



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2025

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.

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).

| | | | |
|---|--|--|--|
| PRODUCER Whorton Insurance Services 11200 Jollyville Rd. Austin TX 78759-4813 | | CONTACT NAME: Noe Moreno PHONE (A/C, No, Ext): (512) 338-1191 FAX (A/C, No): (512) 338-1196 E-MAIL ADDRESS: NoeM@whortonins.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Massachusetts Bay | |
| | | INSURER B: Hanover American | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

| | | | |
|---|--|-------------------------------------|--|
| INSURED CTX Confectionary LLC, DBA: Kilwins 650 Shell Stone Trail Georgetown TX 78628 | | NAIC # 22306 36064 | |
|---|--|-------------------------------------|--|

COVERAGES**CERTIFICATE NUMBER:** CL2531842172**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|---------------|-------------------------|-------------------------|--------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | ODDH532308 | 03/15/2025 | 03/15/2026 | EACH OCCURRENCE \$ 1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 | | | | | | |
| | MED EXP (Any one person) \$ 5,000 | | | | | | |
| | PERSONAL & ADV INJURY \$ 1,000,000 | | | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ | | | ODDH532308 | 03/15/2025 | 03/15/2026 | GENERAL AGGREGATE \$ 2,000,000 |
| | PRODUCTS - COMP/OP AGG \$ 2,000,000 | | | | | | |
| | Hired and Non-Owned \$ 1,000,000 | | | | | | |
| | COMBINED SINGLE LIMIT (Ea accident) \$ | | | | | | |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | ODDH532308 | 03/15/2025 | 03/15/2026 | BODILY INJURY (Per person) \$ |
| | BODILY INJURY (Per accident) \$ | | | | | | |
| | PROPERTY DAMAGE (Per accident) \$ | | | | | | |
| | | | | | | | |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input checked="" type="checkbox"/> Y | N / A | WZDH532306 | 03/15/2025 | 03/15/2026 | PER STATUTE OTH-ER |
| | E.L. EACH ACCIDENT \$ 1,000,000 | | | | | | |
| | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | | | | | | |
| | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | | | | | | |

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

City of Georgetown as an additional insured
The General Liability and Auto Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability and Auto Liability policy includes a blanket waiver of subrogation endorsement that provides this coverage only when there is a written contract between the named insured and the certificate holder that requires it. The Workers Compensation policy includes a blanket waiver of subrogation endorsement that provides this coverage only when there is a written contract between the named insured and the certificate holder that requires it. The General Liability policy contains a special endorsement with Primary and Noncontributory when required by written contract wording. Umbrella is follow form.

CERTIFICATE HOLDER**CANCELLATION**Kilwins Chocolate Franchise, 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

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AGENCY CUSTOMER ID: 00053195

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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| | | |
|--------------------------------------|-----------|--|
| AGENCY Whorton Insurance Services | | NAMED INSURED CTX Confectionary LLC, DBA: Kilwins |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

The policies include a notice of cancellation endorsement providing for 30 days' advance notice if the policy is cancelled by the company other than for nonpayment of premium, or 10 days' notice if the policy is canceled for nonpayment of premium.