



# CERTIFICATE OF LIABILITY INSURANCE

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

**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).**

<b>PRODUCER</b>  Massey Insurance, Inc. 4270 River Oaks Dr Unit 1 Myrtle Beach, SC 29579	<b>CONTACT NAME:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">PHONE (A/C, No, Ext):</td> <td style="font-size: small;">(843)444-5602</td> <td style="font-size: small;">FAX (A/C, No):</td> <td style="font-size: small;">(843)314-5399</td> </tr> <tr> <td colspan="4">E-MAIL ADDRESS: <b>meg@massey-insurance.com</b></td> </tr> </table>	PHONE (A/C, No, Ext):	(843)444-5602	FAX (A/C, No):	(843)314-5399	E-MAIL ADDRESS: <b>meg@massey-insurance.com</b>			
PHONE (A/C, No, Ext):	(843)444-5602	FAX (A/C, No):	(843)314-5399						
E-MAIL ADDRESS: <b>meg@massey-insurance.com</b>									
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>							
<b>INSURER A :</b> MSA		<b>29939</b>							
<b>INSURER B :</b> MSA		<b>14788</b>							
<b>INSURER C :</b>									
<b>INSURER D :</b>									
<b>INSURER E :</b>									
<b>INSURER F :</b>									

<b>INSURED</b>  F Squared, LLC & F Squared 2, LLC 1316 Celebrity Cir Myrtle Beach, SC 29577-7460	
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BPJ9009L	12/1/2022	12/1/2023	EACH OCCURRENCE <span style="float: right;">\$ <b>2,000,000</b></span>
							DAMAGE TO RENTED PREMISES (Ea occurrence) <span style="float: right;">\$ <b>1,000,000</b></span>
							MED EXP (Any one person) <span style="float: right;">\$ <b>10,000</b></span>
							PERSONAL & ADV INJURY <span style="float: right;">\$ <b>2,000,000</b></span>
							GENERAL AGGREGATE <span style="float: right;">\$ <b>4,000,000</b></span>
							PRODUCTS - COMP/OP AGG <span style="float: right;">\$ <b>4,000,000</b></span>
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BPJ9009L	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident) <span style="float: right;">\$ <b>2,000,000</b></span>
							BODILY INJURY (Per person) <span style="float: right;">\$</span>
							BODILY INJURY (Per accident) <span style="float: right;">\$</span>
							PROPERTY DAMAGE (Per accident) <span style="float: right;">\$</span>
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y		CUJ9009L	12/01/2022	12/01/2023	EACH OCCURRENCE <span style="float: right;">\$ <b>1,000,000</b></span>
							AGGREGATE <span style="float: right;">\$ <b>1,000,000</b></span>
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCj9009L	12/01/2022	12/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT <span style="float: right;">\$ <b>1,000,000</b></span>
							E.L. DISEASE - EA EMPLOYEE <span style="float: right;">\$ <b>1,000,000</b></span>
							E.L. DISEASE - POLICY LIMIT <span style="float: right;">\$ <b>1,000,000</b></span>

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

Location 1: 1316 Celebrity Circle #171, Myrtle Beach, SC 29577  
 Location 2: 2010 N. Oak Street St., Myrtle Beach, SC 29577  
 A 30 day notice of cancellation applies.

<b>CERTIFICATE HOLDER</b>  Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770	<b>CANCELLATION</b>  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 <div style="text-align: right;">   <b>MSP</b> </div>
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