



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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

Massey Insurance, Inc.  
4270 River Oaks Dr Unit 1  
Myrtle Beach, SC 29579

|                               |  |                              |
|-------------------------------|--|------------------------------|
| CONTACT NAME:                 | Meg Perrino                            |                              |
| PHONE (A/C. No. Ext):         | (843)444-5602                          | FAX (A/C. No): (843)314-5399 |
| E-MAIL ADDRESS:               | info@massey-insurance.com              |                              |
| INSURER(S) AFFORDING COVERAGE |  | NAIC #                       |
| INSURER A:                    | MSA- Midvale Indemnity Company         | 27138                        |
| INSURER B:                    | MSA- Midvale Indemnity Company         | 27138                        |
| INSURER C:                    | MSA- NGM Insurance Company             | 14788                        |
| INSURER D:                    | Appalachian UW - AmTrust North America | 40533                        |
| INSURER E:                    |  |                              |
| INSURER F:                    |  |                              |

## INSURED

F Squared 2, LLC  
2101 N Oak St.  
Myrtle Beach, SC 29577

## COVERAGE

## CERTIFICATE NUMBER:

## 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 WWD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)   |
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br><br><br><br><input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC<br><br>OTHER: | Y  | Y        | BP00056743    | 12/01/2025 12/01/2026   |
|   |   |  |          |               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br><br>\$ |
| B   | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  | Y  | Y        | BP00056743    | 12/01/2025 12/01/2026   |
|   |   |  |          |               | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$ 1,000,000<br>PROPERTY DAMAGE (Per accident) \$<br>Annual Aggregate \$ 2,000,000  |
| C   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   | Y  | N        | CU00005469    | 12/01/2025 12/01/2026   |
|   |   |  |          |               | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br><br>\$  |
| D   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/><br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> | N/A      | SWC1599561    | 12/01/2025 12/01/2026   |
|   |   |  |          |               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-<br>ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

Location: 2101 N. Oak Street St., Myrtle Beach, SC 29577

A 30 day notice of cancellation applies.

Blanket Additional insured form on the BOP already include Primary/Noncontributory wording.

Additional insured is on a primary &amp; non-contributory basis for general liability, auto liability &amp; umbrella.

Waiver of subrogation for general liability, auto liability, work comp (follows BOP)

Umbrella Coverage is follow form.

Cov erages exceed minimum requirements

## CERTIFICATE HOLDER

## CANCELLATION

Kilwins Chocolates Franchise, Inc  
Kilwins Quality Confections, Inc  
1050 Bay View Road  
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

Meg Perrino

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