

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/10/2023

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.

	is certificate does not confer rights to						may require	an endorsement. A stat	ement (ווכ	
PRODUCER						CONTACT Irene Gifford					
Insurance Service of Sarasota Inc.						PHONE (941) 966-5606 (A/C, No, Ext): (941) 966-6124					
P.O. Box 907						E-MAIL ireneg@inservsarasota.com					
873 S. Tamiami Tr						INSURER(S) AFFORDING COVERAGE N					
Osprey FL 34229						INSURER A: MSA Insurance Company				14788	
INSURED							inion Insuranc	e Company		40231	
Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key						RC:					
1350 5th St.					INSURER D :						
Ste. 5					INSURE	RE:					
Sarasota				FL 34236	INSURE	RF:					
СО	VERAGES CER	NUMBER: CL238101769	98 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. INSRI I POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	¥	,000	
								MED EXP (Any one person)	\$ 10,0		
Α		Y	Y	BPG6898X		12/08/2022	12/08/2023	PERSONAL & ADV INJURY	Ψ .	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	•	00,000	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	•	00,000	
	OTHER:							Hired/Non-Owned Auto	\$ Inclu		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$ \$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
	➤ UMBRELLA LIAB OCCUR									00,000	
В	EXCESS LIAB OCCUR CLAIMS-MADE	Υ	Y	CUG6898X		12/08/2022	12/08/2023	EACH OCCURRENCE AGGREGATE	Ψ .	00,000	
	DED RETENTION \$ 10,000							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	•		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
Kilv •Ad	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kilwins Chocolates Franchise Inc Additional Insured.primary and non-contributory to General Liability •Add waiver of subrogation to General Liability Additional insured with Primary and non-contributory and waiver of subrogation to Umbrella.										
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chocolates Franchise I nc. 1050 Bay View Rd.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1000 bay view itu.			AUTHORIZED REJERESENTATIVE							
Petoskey MI 49770						Thurm					

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA – NON-CONTRACTORS BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE

A. Additional Insureds

Each of the following is added to Paragraph C. Who Is An Insured of BPM P 2 – Section II – Liability but only as specifically described by the following:

- 1. Any person or organization for whom you are performing operations is also an additional insured, when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be included as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" caused in whole or part, by:
 - a. Your acts or omissions; or
 - **b.** The acts or omissions of those acting on your behalf:

In the performance of your ongoing operations or "your work" included within the "products-completed operations" hazard for the additional insured at the location designated and described in the written contract or agreement.

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- **a.** The preparing , approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- **b.** Supervisory, inspection, architectural or engineering activities.
- **2.** Any state or political subdivision, subject to the following additional provisions:

- a. This insurance applies only with respect to the following hazards for which a state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:
 - (1) The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistaway openings, sidewalk vaults, street banners, or decorations and similar exposure:
 - (2) The construction, erection or removal of elevators; or
 - (3) The ownership, maintenance or use of any elevators covered by this insurance.
- b. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit. This insurance does not apply to:
 - (1) Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality;
 - (2) "Bodily injury" or "property damage" included within the products-completed operations hazard; or
- **3.** Any person(s) or organization(s) with a controlling interest in you but only with respect to their liability arising out of;
 - a. Their financial control of you; or
 - **b.** Premises they own maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

- 4. Any manager or lessor of premises to whom you are obligated by virtue of a written "Insured Contract" to provide insurance such as afforded by this policy, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you. This insurance does not apply to:
 - **a.** Any "occurrence" which takes place after you cease to be a tenant in that premises; or
 - **b.** Structural alterations, new construction or demolition operations performed by or for such additional insured.
- 5. Any person or organization as mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance or use of the premises by you.

This insurance does not apply:

- **a.** Any "occurrence" that takes place after you cease to be a tenant in that premises; or
- **b.** Structural alterations, new construction or demolition operations performed by or for such additional insured.
- **6.** Any person or organization arising out of the ownership, maintenance or use of that part of the land leased to you and subject to the following additional exclusions.

This insurance does not apply to:

- **a.** Any "occurrence" which takes place after you cease to lease that land; or
- **b.** Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

- **7.** A co-owner of a premises and covered under this insurance but only with respect to liability as co-owner of such premises.
- 8. Any person(s) or organization(s) who is the lessor of leased equipment to you, and required by the lease to be included as an additional insured but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part by your maintenance, operation or use by you of equipment leased to you by such person(s) or organization(s).

With respect to the insurance afforded these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

B. The following is added to Paragraph H. Other Insurance of BPM P 3 –Section III - Common Policy Conditions:

Primary Additional Insured – If a written contract or agreement or permit requires this insurance to be primary for any person or organization with whom you agree to include in paragraph C. Who Is An Insured of BPM P 2 – Section II – Liability, this Other Insurance provision is applicable. This insurance is primary. This insurance is also non-contributory which means we will not seek contribution from other insurance available to the person or organization with whom you agree to include in Who Is An Insured.

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WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Person Or Organization:

As required by written contract or written agreement provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph K. Transfer Of Rights Of Recovery Against Others To Us in Section III – Common Policy Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Policy Number: BPG6898X



ADDITIONAL INSURED SCHEDULE MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Effective Date: Named Insured PIONEER VENTURES SIESTA KEY 12-08-2022

INSURANCE SERVICES OF SARASOTA Agent Name Agent No. 090162

Form Number

Form Title

BP 04 02 ADDITIONAL INSURED - MANAGERS OR LESSORS OF

PREMISES

DAVIDSON, EPES PARTNERHSIP LLP

6633 MIDNIGHT PASS RD SARASOTA, FL 34242-2508 LANDLORD/LESSOR

5140 OCEAN BLVD

SARASOTA, FL 34242-1637

BP 04 02 ADDITIONAL INSURED - MANAGERS OR LESSORS OF

PREMISES

HEMBREE & ASSOCIATES INC.

2398 FRUITVILLE RD SARASOTA, FL 34237-6114

PROPERTY MANAGER

5140 OCEAN BLVD

SARASOTA, FL 34242-1637

BPM 3101 ADDITIONAL INSURED - GRANTOR OF FRANCHISE

KILWINS QUALITY CONFECTIONS INC.

1050 BAY VIEW RD PETOSKEY, MI 49770-9006 FRANCHISOR

5140 OCEAN BLVD

SARASOTA, FL 34242-1637

BPM 3101 ADDITIONAL INSURED - GRANTOR OF FRANCHISE

KILWINS CHOCOLATES FRANCHISE INC.

1050 BAY VIEW RD PETOSKEY, MI 49770-9006

FRANCHISOR

5140 OCEAN BLVD

SARASOTA, FL 34242-1637

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ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

The entity named below is added as an additional insured under this policy as provided for under SECTION II – WHO IS AN INSURED 3:

KILWINS CHOCOLATES FRANCHISE INC. 1050 BAY VIEW RD PETOSKEY MI 497709006

Naming this entity as an insured does not serve to increase the limit of insurance as specified on the Declarations Page of this policy.

64-N715 (01/07)

- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.
- **d.** No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

4. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- **a.** To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- **b.** To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

5. Other Insurance

a. This insurance is excess over, and shall not contribute with any of the other insurance, whether primary, excess, contingent or on any other basis. This condition will not apply to insurance specifically written as excess over this Coverage Part.

When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

- **b.** When this insurance is excess over other insurance, we will pay only our share of the "ultimate net loss" that exceeds the sum of:
 - (1) The total amount that all such other insurance would pay for the loss in the absence of the insurance provided under this Coverage Part; and

(2) The total of all deductible and self-insured amounts under all that other insurance.

6. Premium Audit

- **a.** We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- **b.** Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

7. Representations Or Fraud

By accepting this policy, you agree:

- **a.** The statements in the Declarations are accurate and complete;
- **b.** Those statements are based upon representations you made to us;
- **c.** We have issued this policy in reliance upon your representations; and
- **d.** This policy is void in any case of fraud by you as it relates to this policy or any claim under this policy.

8. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- **b.** Separately to each insured against whom claim is made or "suit" is brought.

9. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.