



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2024

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> Insurance Service of Sarasota Inc. P.O. Box 907 873 S. Tamiami Tr Osprey FL 34229	<b>CONTACT NAME:</b> Irene Gifford <b>PHONE (A/C, No. Ext):</b> (941) 966-5606 <b>E-MAIL ADDRESS:</b> ireneg@inservsarasota.com <b>FAX (A/C, No):</b> (941) 966-6124																					
<b>INSURED</b> Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key 1350 5th St. Ste. 5 Sarasota FL 34236	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>MSA Insurance Company</td><td>14788</td></tr><tr><td>INSURER B:</td><td>Old Dominion Insurance Company</td><td>40231</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	MSA Insurance Company	14788	INSURER B:	Old Dominion Insurance Company	40231	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** CL24112719398**REVISION NUMBER:**

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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	Y	BPG6898X	12/08/2024	12/08/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUG6898X	12/08/2024	12/08/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Kilwins Quality Confections 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 Quality Confections Inc. 1050 Bay View Rd. Petroskey MI 49770	<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.</b> <b>AUTHORIZED REPRESENTATIVE</b> 
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Policy Number: BPG6898X

**ADDITIONAL INSURED SCHEDULE**

**MAIN STREET AMERICA PROTECTION INSURANCE COMPANY**

Named Insured      PIONEER VENTURES SIESTA KEY      Effective Date:      12-08-2024

Agent Name      INSURANCE SERVICES OF SARASOTA      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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

<b>Name Of Person Or Organization:</b>
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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**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)**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**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 QUALITY CONFECTIONS 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)**