

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Policy Number **BPG6898X**

Named Insured: PIONEER VENTURES SIESTA KEY

Effective Date: 12-08-2023

Agent Name: INSURANCE SERVICES OF SARASOTA

Agent No. 090162

SECTION I - PROPERTY - DECLARATIONS

PREMISES NO. 1 BUILDING NO.1

Occupancy:FAST FOOD CHAIN -- ICE CREAM, YOGURT AND MALT SHOPS

Address:5140 OCEAN BLVD, SARASOTA, FL, 34242-1637

COVERAGE	LIMIT	VALUATION	INFLATION GUARD %
CONTENTS \$	170,000	REPLACEMENT COST	0%

DEDUCTIBLES:

CONTENTS
\$ 1,000

HURRICANE PERCENTAGE	SINKHOLE COVERAGE
	\$ 1,000

Business Income/Extra Expense:INCLUDED

ACTUAL LOSS FOR 6 CONSECUTIVE MONTHS

Business Income "Period of Restoration"72 HOURS

Equipment Breakdown Enhancement:INCLUDED

Sinkhole Coverage

INCLUDED

0000 00120025 000174 0000





ADDITIONAL INSURED SCHEDULE

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Named Insured PIONEER VENTURES SIESTA KEY Effective Date: 12-08-2023

Agent Name INSURANCE SERVICES OF SARASOTA Agent No. 090162

Form Number BP 04 02

Form Title 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

BPM S AI 12 07

0000 00200025 000174 0000





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2023

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).

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

COVERAGES**CERTIFICATE NUMBER:** CL23112118039**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	Y	Y	BPG6898X	12/08/2023	12/08/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 10,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					Hired/Non-Owned Auto \$ Included
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> BODILY INJURY (Per person) \$						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> OTHER \$						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		CUG6898X	12/08/2023	12/08/2024	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					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

CERTIFICATE HOLDER

Kilwins Chocolates Franchise Inc.
 1050 Bay View Rd.
 Petoskey MI 49770

CANCELLATION

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2023

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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 Insurance Service of Sarasota Inc. P.O. Box 907 873 S. Tamiami Tr Osprey FL 34229	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Irene Gifford</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (941) 966-5606</td> <td>FAX (A/C, No): (941) 966-6124</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: ireneg@inservsarasota.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: MSA Insurance Company</td> </tr> <tr> <td colspan="2">INSURER B: Old Dominion Insurance Company</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Irene Gifford		PHONE (A/C, No, Ext): (941) 966-5606	FAX (A/C, No): (941) 966-6124	E-MAIL ADDRESS: ireneg@inservsarasota.com		INSURER(S) AFFORDING COVERAGE		INSURER A: MSA Insurance Company		INSURER B: Old Dominion Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key 1350 5th St. Ste. 5 Sarasota FL 34236	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A: 14788</td> </tr> <tr> <td colspan="2">INSURER B: 40231</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	NAIC #		INSURER A: 14788		INSURER B: 40231		INSURER C:		INSURER D:		INSURER E:		INSURER F:							
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COVERAGES **CERTIFICATE NUMBER:** CL23112118039 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDS 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	Y	BPG6898X	12/08/2023	12/08/2024	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
							Hired/Non-Owned Auto \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUG6898X	12/08/2023	12/08/2024	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER
							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 Quality Confections Inc. - Additional Insured primary and non-contributory to General Liability
 •Add waiver of subrogation to General Liability

CERTIFICATE HOLDER

CANCELLATION

Kilwins Quality Confections 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

[Signature]



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/28/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Insurance Service of Sarasota Inc. P.O. Box 907 873 S. Tamiami Tr Osprey FL 34229		PHONE (A/C, No, Ext): (941) 966-5606	COMPANY MSA Insurance Company	
FAX (A/C, No): (941) 966-6124	E-MAIL ADDRESS: ireneg@inservsarasota.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00034387		LOAN NUMBER		POLICY NUMBER BPG6898X
INSURED Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key 1350 5th St. Ste. 5 Sarasota FL 34236		EFFECTIVE DATE 12/08/2023	EXPIRATION DATE 12/08/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5140 Ocean Blvd Sarasota Loc# 00001/Bldg# 00001	FL 34242
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COVERAGE INFORMATION

PERILS INSURED
 BASIC
 BROAD
 SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property, Replacement Cost, Special (Including theft) - Detail	170,000	1,000
BI w/ Extra Expense, Actual Loss Sustained, Special (Including theft) - Detail	Included	72
Equipment Breakdown, Special (Including theft) - Detail	Included	
Sinkhole, Special (Including theft) - Detail	Included	

REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Kilwins Chocolates Franchise Inc. 1050 Bay View Rd. Petoskey MI 49770	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			