



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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).

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 FAX (A/C, No): (941) 966-6124 E-MAIL ADDRESS: ireneg@inservsarasota.com
INSURED Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key 1350 5th St. Ste. 5 Sarasota FL 34236	INSURER(S) AFFORDING COVERAGE INSURER A: MSA Insurance Company INSURER B: Old Dominion Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL24112719398**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 <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
							\$
	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						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"/> EXCESS LIAB 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						
	\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are listed as Additional Insured on primary and non-contributory basis to General Liability. Add waiver of subrogation to General Liability, Umbrella in favor of Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. Umbrella follow form. 30 days' Notice of cancellation or non-renewal must be provided to the Franchise on all coverage. Coverage Listed are minimum requirements. Carriers must be A+ Rated or better by AM Best

CERTIFICATE HOLDER**CANCELLATION**

Kilwins Chocolates Franchise Inc. Kilwins Quality Confections In 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
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2015 ACORD CORPORATION. All rights reserved.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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 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: larissac@inservsarasota.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00034387		
INSURED Pioneer Ventures Siesta Key LLC, DBA: Kilwins Siesta Key 1350 5th St. Ste. 5 Sarasota FL 34236	LOAN NUMBER	POLICY NUMBER BPG6898X
	EFFECTIVE DATE 12/08/2024	EXPIRATION DATE 12/08/2025
		<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

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

☒ SPECIAL

COVERAGE / PERILS / FORMS

Business Personal Property, Replacement Cost, Special (Including theft) - Detail
BI w/ Extra Expense, Actual Loss Sustained, Special (Including theft) - Detail
Equipment Breakdown, Special (Including theft) - Detail
Sinkhole, Special (Including theft) - Detail

AMOUNT OF INSURANCE

170,000
Included
Included
Included

DEDUCTIBLE


1,000
72

REMARKS (Including Special Conditions)

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 Chocalates Franchise Inc. Kilwins Quality Confections In 1050 Bay View Rd. Petoskey MI 49770	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE LOAN # AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
---------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

MAIN STREET AMERICA PROTECTION INSURANCE COMPANY

Policy Number: BPG6898X

Named Insured: PIONEER VENTURES SIESTA KEY

Effective Date: 12-08-2024

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	<u>LIMIT</u>	<u>VALUATION</u>	<u>INFLATION GUARD %</u>
CONTENTS	\$ 170,000	REPLACEMENT COST	0%

DEDUCTIBLES:

CONTENTS	HURRICANE PERCENTAGE	SINKHOLE COVERAGE
\$ 1,000		\$ 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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE
Name of Additional Insured Person(s) or Organization(s): See BPM S AI

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

Section II – Liability is amended as follows:

The following is added to **Paragraph C. WHO IS AN INSURED** in Section II – Liability:

The person or organization shown in the Schedule, but only with respect to their liability as grantor of a franchise to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Designation Of Premises (Part Leased To You):

See BPM S AI

B. Name Of Person Or Organization (Additional Insured):

See BPM S AI

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

A. The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

3. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

B. The following exclusions are added to Section II – Liability:

This insurance does not apply to:

1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.

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

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM – SECTION III – COMMON POLICY CONDITIONS

A. Paragraph A.2. of the Cancellation Common Policy Condition is replaced by the following:

2. Cancellation For Policies In Effect 90 Days Or Less

a. If this Policy has been in effect for 90 days or less, we may cancel this Policy by mailing or delivering to the first Named Insured written notice of cancellation, accompanied by the specific reasons for cancellation, at least:

(1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(2) 20 days before the effective date of cancellation if we cancel for any other reason, except we may cancel immediately if there has been:

(a) A material misstatement or misrepresentation; or

(b) A failure to comply with underwriting requirements established by the insurer.

b. We may not cancel:

(1) On the basis of property insurance claims that are the result of an act of God, unless we can demonstrate, by claims frequency or otherwise, that you have failed to take action reasonably necessary as requested by us to prevent recurrence of damage to the insured property; or

(2) Solely on the basis of a single property insurance claim which is the result of water damage, unless we can demonstrate that you have failed to take action reasonably requested by us to prevent a future similar occurrence of damage to the insured property.

B. Paragraph A.5. of the Cancellation Common Policy Condition is replaced by the following:

5. If this Policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

C. The following is added to the Cancellation Common Policy Condition:

7. Cancellation For Policies In Effect For More Than 90 Days

a. If this Policy has been in effect for more than 90 days, we may cancel this Policy only for one or more of the following reasons:

(1) Nonpayment of premium;

(2) The Policy was obtained by a material misstatement;

(3) In the event of failure to comply within 90 days after the effective date of coverage with underwriting requirements established by us before the effective date of coverage;

(4) There has been a substantial change in the risk covered by the Policy;



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.

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)