

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2022

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 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).

00//504050	OFFICIOATE NUMBER OF 20101040	271 DEVICEN NUM	ADED:				
Delray Beach FL	33483	INSURER F:					
		INSURER E :					
402 E Atlantic Ave		INSURER D:					
Ew Sweets LLC		INSURER C: Technology Insurance Co		42376			
INSURED	_	INSURER B: Old Dominion Ins Co		40231			
Delray Beach FL	33444	INSURER A: Midvale Indemnity Company		27138M			
		INSURER(S) AFFORDING COVERAGE		NAIC #			
275 George Bush Boulevard		E-MAIL ADDRESS: karen@gbifl.com					
Gracey-Backer Inc.		PHONE (A/C, No, Ext): (561) 276-6055	(A/C, NO).				
PRODUCER		CONTACT Karen Liljedahl, CPIA					

COVERAGES CERTIFICATE NUMBER: CL22101948271 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.

	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence)	\$	1,000,000
				BPP1097897	11/9/2022	11/9/2023	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$	2,000,000
x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
	7.5.75							\$	
х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
	DED RETENTION \$			CUJ5944F	11/17/2022	11/17/2023		\$	
	EMPLOYEDGULIADILITY						PER OTH- STATUTE ER		
ANY	PROPRIETOR/PARTNER/EXECUTIVE 7/N	N / A					E.L. EACH ACCIDENT	\$	1,000,000
(Mar	ndatory in NH)	"		TWC4158360	10/18/2022	10/18/2023	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	AUT  WOFF (Marrier If yes	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB CCUR EXCESS LIAB CLAIMS-MADE	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  BPP1097897  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  BPP1097897  11/9/2022  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS HIRED AUTOS  X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  CUJ5944F  11/17/2022  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  BPP1097897  11/9/2022  11/9/2023  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS VORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE    NSD   WYD   POLICY NUMBER   (MM/DD/YYYY)   MM/DD/YYYY)   MM/DD/YYYY)   MM/DD/YYYYY	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  BPP1097897  BPP1097897  11/9/2022  11/9/2023  MED EXP (Any one person) \$  MED EXP (Any one person) \$

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

Kilwins Chocolates Franchise Inc and Kiwlin's Quality Confections Inc are listed as Additional Insured on Primary & Non-Contributory basis with regards to General Liability, Automobile Liability, & Umbrella.

Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise Inc & Kilwin's Quality Confections Inc.

Umbrella coverage is follow form.

30 day notice of cancellation or non-renewal must be provided to the Franchisor on all coverages.

CERTIFICATE HOLDER	CANCELLATION				
Kilwin's Chocolates Franchise Inc. 355 Division 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.				
recoskey, MI 43770	AUTHORIZED REPRESENTATIVE				
	K Liljedahl, CPIA/KL Kan Tijedall				

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