SCARTER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/7/2022

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 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).

| tine continuate accounts rights to the continuate helder in hea or cach chacterining. | | | | | |
|---|---|--------|--|--|--|
| PRODUCER License # 2060346 | CONTACT Stephanie Carter | | | | |
| Hub International Mid Atlantic 170 Jennifer Rd. | PHONE (A/C, No, Ext): (410) 349-5095 FAX (A/C, No): | | | | |
| Suite 205, | E-MAIL ADDRESS: stephanie.Carter@hubinternational.com | | | | |
| Annapolis, MD 21401 | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A: Hartford Underwriters Insurance Company | | | | |
| INSURED | INSURER B : State Auto Mutual | 25135 | | | |
| Cherry Sweets Wharf, LLC d/b/a Kilwins | INSURER C: Hartford Insurance Company of SE | 38261 | | | |
| 663 Water Street | INSURER D: | | | | |
| Washington, DC 20024 | INSURER E: | | | | |
| | INSURER F: | | | | |
| | | | | | |

COVERAGES CERTIFICATE NUMBER: 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 | | SIONS AND CONDITIONS OF SUCH | | SUBR | | POLICY EFF | POLICY EXP | | | |
|------|---|---|------|---------------|---------------|------------------|-----------------|--|-----------|-----------|
| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | s | |
| Α | X | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | Х | X | 30SBAAL5FP3 | 4/28/2022 | 4/28/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN' | L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | Business Liability General Aggre OTHER: | | | | | | | \$ | |
| В | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO | | X | 10115918CA | 2/4/2022 | 2/4/2023 | BODILY INJURY (Per person) | \$ | |
| | | OWNED AUTOS ONLY X SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| Α | | UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 6,000,000 | |
| | | EXCESS LIAB CLAIMS-MADE | | X | 30SBAAL5FP3 | 4/28/2022 | 4/28/2023 | AGGREGATE | \$ | 6,000,000 |
| | | DED X RETENTION \$ 10,000 | | | | | | | \$ | |
| С | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | | X PER X OTH- | | |
| | | | | χ 30WECAL5FUB | 30WECAL5FUB | 4/28/2022 4/28/2 | 4/28/2023 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | |
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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 additional insured on primary and non-contributory basis with regards to general liability, automobile liability and umbrella. Waiver of subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc.

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Kilwins Chocolates Franschise, Inc. Kilwins Quality Confections, Inc. 1050 Bay View Road | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Petoskey, MI 49770 | AUTHORIZED REPRESENTATIVE |
| | Noam brush of |