JTAGUE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2023

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).

| this certificate does not come rights to the certificate holder in ned of such endorsement(s). | | | |
|--|---|--------------|--|
| PRODUCER | CONTACT NAME: | | |
| Jean Arthur Associates, Inc. | PHONE (A/C, No, Ext): (407) 699-9930 FAX (A/C, No): (407) | 699-5626 | |
| 5626 Red Bug Lake Road Winter Springs, FL 32708 | E-MAIL ADDRESS: | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | |
| | INSURER A: Hartford Insurance | 38261 | |
| INSURED | INSURER B: Maxum Indemnity Company | 26743 | |
| Green Enterprise Ocean Springs, Llc. | INSURER C: | | |
| 711 Washington Ave | INSURER D: | | |
| Ocean Springs, MS 39564 | INSURER E: | | |
| | INSURER F: | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER: | | |
| THIS IS TO CERTIEV THAT THE POLICIES OF INSURANCE LISTED RELOW | HAVE REEN ISSUED TO THE INSURED NAMED AROVE FOR THE PO | I ICY PERIOD | |

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 | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|--------------------------------------|---|------|------|-----------------------------------|--------------------|----------------------------|---|----|-----------|
| A | Х | COMMERCIAL GENERAL LIABILITY | INSD | WVD | | (WIW/DD/TTTT) | (WIWI/DD/TTTT) | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE OCCUR | Х | Х | 21SBMAS4ET6 | 4/18/2023 | 4/18/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | X | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| Α | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO | Х | Х | 21SBMAS4ET6 | 4/18/2023 | 4/18/2024 | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| Α | X | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | 21SBMAS4ET6 | 4/18/2023 | 4/18/2024 | AGGREGATE | \$ | |
| | | DED RETENTION \$ | | | | | | | \$ | |
| Α | WOF | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE ALL | | N/A | X | χ 21WECAS2E9A 4/18/2023 4/18/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | (Man | datory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| В | Pro | perty | | | 21KDBEI60ZU | 5/3/2023 | 5/3/2024 | PROP listed below | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Kilwins Chocolates Franchise, Inc. & Kilwin's Quality Confessions, Inc. are Additional Insureds per written contract
on a primary & non-contributory basis with regards to the General Liability, Automobile and Umbrella. Waiver of
Subrogation with regards to Workers Compensation/Employers Liability, General Liability, Umbrella in favor of
Kilwins Chocolates Franchise, Inc. & Kilwin's Quality Confessions, Inc. Umbrella follows form. 30 days notice of cancellation
or non-renewal must be provided to all franchisor on all coverages. Coverages listed are minimum requirements.

SEE ATTACHED ACORD 101

| ERTIFICATE HOLDER | CANCELLATIO |
|-------------------|-------------|
| | |

Kilwins Chocolates Franchise, Inc. & Kilwin's Quality Confessions, Inc. 1050 Bay View 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.

AUTHORIZED REPRESENTATIVE

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY | NAMED INSURED | | |
|------------------------------|---|----------------------------|--|
| Jean Arthur Associates, Inc. | Green Enterprise Ocean Springs, Llc. 711 Washington Ave Ocean Springs, MS 39564 | | |
| POLICY NUMBER | | | |
| SEE PAGE 1 | | | |
| CARRIER | NAIC CODE | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: QCE DAGE 1 | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | |
|--|--|
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance | |

Description of Operations/Locations/Vehicles: Maxum Indeminty Company Property Policy #21KDBEI60ZU

Tenants Improvements & Betterments \$185,000 Business Personal Property \$205,000 Spoilage \$10,000 Business Income & Extra Expense \$750,000