

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2023

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						CONTACT NAME:						
OVD Grand Rapids					PHONE (A/C, No, Ext): 6164540800 (A/C, No): 616-454-7100						4-7100	
2780 44TH STREET SW					(A/C, No, Ext): 0104040000   (A/C, No): 010-404-7100     E-MAIL   ADDRESS: certificates.sbu@ovdinsurance.com							
Wyoming MI 49519												
						INSURER A: Chubb Insurance Company					NAIC# 12777	
INSURED MJSCOOP-01						INSURER B:						
MJ Scoops & Confections, LLC												
32 White Heron Dr Beaufort SC 29907					INSURER C:							
Beautoft SC 29907				INSURER D :								
					INSURER E:							
COVED A CEC CEPTIFICATE AN IMPER, 4000040044					INSURER F:							
COVERAGES CERTIFICATE NUMBER: 1086242244						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.												
			POLICIES. LIMITS SHOWN MAY HAVE ADDL SUBR			POLICY FEE POLICY EXP						
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	D97230183		5/20/2023	5/20/2024	EACH OCCURRENCE DAMAGE TO RENTED		\$ 1,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occ		\$ 1,000		
								MED EXP (Any one		\$ 10,00		
	X   Primary/NonContr							PERSONAL & ADV		\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$ 2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$2,000	,000	
^	OTHER:	Y	Y	D07000400		F/00/0000	E/00/0004	COMBINED SINGL	E LIMIT	\$ 1,000	000	
Α	AUTOMOBILE LIABILITY Y Y D97230183			D97230183	5/20/2023		5/20/2024	(Ea accident) \$\psi_1,000,0		,000		
								BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS							PROPERTY DAMA		\$		
	X HIRED X NON-OWNED AUTOS ONLY							(Per accident)	OL	\$		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,	.,							\$		
Α	X UMBRELLA LIAB X OCCUR	Y	Y	D97230201		5/20/2023	5/20/2024			\$ 1,000		
	EXCESS LIAB CLAIMS-MADE									\$ 1,000	,000	
	DED X RETENTION \$ 0							PER	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$		
DESC	CRIPTION OF ORER ATIONS / LOCATIONS / VEHICL	ES //	CORD	101 Additional Bamarka Sahadu	la may b	attached if mar	anaca ia raguire	\d\				
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 808 Bay St, Beaufort, SC 29902											
CERTIFICATE HOLDER CANCELLATION												
OEKTH IOATE HOLDEK						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.												
1050 Bay View Rd Petoskey MI					AUTHORIZED REPRESENTATIVE							
reioskey ivii						JL CVC						