

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/2023

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.

	SUBROGATION IS WAIVED, subjec is certificate does not confer rights t							require an endorsemen	t. As	tatement on	
PRODUCER						CONTACT Automatic Data Processing Insurance Agency, Inc.					
Automatic Data Processing Insurance Agency, Inc.						PHONE 1-800-524-7024 FAX					
Taloniano Zala i Toodosing moditando / igono), me						(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:					
1 Adp Boulevard						INSURER(S) AFFORDING COVERAGE NAIC #					
Roseland NJ 07068						INSURER A: Sentinel Insurance Company, LTD.					
INSURED MJ SCOOPS & CONFECTIONS LLC						INSURER B:					
					INSURER C:						
808 Bay St					INSURER D:						
					INSURER E :						
Beaufort			SC 299025566			INSURER F:				L	
COVERAGES CERTIFICATE NUMBER: 3107737 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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:			<del> </del>				COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)  BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUB							EACH OCCURRENCE	\$		
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	1						AGGREGATE	\$		
Α	WORKERS COMPENSATION							PER OTH-	<u> </u>		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y 7	70\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		06/16/2023	06/16/2024	E.L. EACH ACCIDENT	\$ 1,00	00,000	
				76WEGAS7YJE				E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  This certificate of insurance includes a Waiver of Subrogation in favor of the certificate holder.											
The sertificate of intoduction includes a traiter of outlogation in lavor of the octanicate flower.											
CERTIFICATE HOLDER CANCELLATION											
Kilwins Chocolate Franchise Inc. 1050 Bayview Rd						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					
Petoskey MI 49770					Money M. Nuin						