



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2024

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 King Insurance Partners, LLC 643 SW 4th Ave Suite 210 Gainesville FL 32601 | | CONTACT NAME: Malinda Torres Diaz PHONE (A/C, No, Ext): (888) 377-0420 FAX (A/C, No): E-MAIL ADDRESS: Malinda.torres@king-insurance.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Hartford Underwriters Insurance Co | NAIC # 30104 |
| | | INSURER B: Maxum Indemnity Company | 26743 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED Green Enterprises li, Inc. 625 Grand Blvd#E102 Miramar Beach FL 32550-7888 | | | |

COVERAGES

CERTIFICATE NUMBER: CL245352064

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) | LIMITS | |
|----------|---|--------------|----------|----------------|-------------------------|-------------------------|--|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | Y | 21SBMAS8GYE | 06/03/2024 | 06/03/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 21SBMAS8GYE | 06/03/2024 | 06/03/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | Y | Y | 21SBMAS8GYE | 06/03/2024 | 06/03/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | AGGREGATE | \$ 1,000,000 |
| | | | | | | | | \$ |
| | DED | RETENTION \$ | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Y | 21SBMAS8GYE | 06/03/2024 | 06/03/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| B | Property | | | BDG-3055841-02 | 06/07/2025 | 06/07/2025 | BPP | \$185,000 |
| | | | | | | | OUTDOOR PROPERTY | \$47,500 |

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

Waiver of Subrogation applies on the General Liability, Auto and Umbrella in regards to the Workers Compensation in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.
 Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are Additional Insured on a primary & Non-contributory basis on the General Liability, Auto & Umbrella.
 30 day notice of cancellation will be given.

Property Policy #BDG-3055841-01

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections, 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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AGENCY CUSTOMER ID: 00260030

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | |
|--|-----------|-----------------|
| AGENCY King Insurance Partners, LLC | | NAMED INSURED |
| POLICY NUMBER | | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Maxum Indemnity Company
6-7-23 to 6-7-24

Business Income/Extra Expense 750,000
Business Personal Property 205,000
Spoilage 10,000
Tenant Improvements & Betterments 185,000

5% Wind & Hail Deductible

ADDITIONAL COVERAGES

| | | | | |
|-----------------------------|--|-------------------------------|------------------------------------|----------------------------|
| Ref # | Description Umbrella Base Policy Premium | Coverage Code BASEP | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium \$435.00 |
| Ref # | Description Additional Insured | Coverage Code ADDIN | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium \$5.00 |
| Ref # | Description Property damage-single limit | Coverage Code PD | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Employment Practices Liability Insurance | Coverage Code EPLI | Form No. | Edition Date |
| Limit 1 25,000 | Limit 2 25,000 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Products/Completed Ops Aggregate | Coverage Code PRDCO | Form No. | Edition Date |
| Limit 1 1,000,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description General Aggregate | Coverage Code GENAG | Form No. | Edition Date |
| Limit 1 1,000,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Bodily injury limit(s) | Coverage Code BI | Form No. | Edition Date |
| Limit 1 1,000,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description UMOLD | Coverage Code UMOLD | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Umbrella(C) | Coverage Code CUMBR | Form No. | Edition Date |
| Limit 1 1,000,000 | Limit 2 1,000,000 | Limit 3 | Deductible Amount 10,000 | Deductible Type |
| | | | | Premium \$331.00 |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |