

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|   |   | •••  |               |  |  |                            | _  | 1/:       | 29/2024         |  |
|---|---|------|---------------|--|--|----------------------------|--|-----------|-----------------|--|
| 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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                 |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
| Olivier VanDyk Insurance Agency, Inc  |   |      |               |  | NAME: FAX   PHONE FAX   (A/C, No, Ext): 6164540800   (A/C, No, Ext): 61645407100   |                            |  |           |                 |  |
| 2780 44TH STREET SW   |   |      |               |  | E-MAIL<br>ADDRESS: certificates.sbu@ovdinsurance.com   |                            |  |           |                 |  |
| Wyoming MI 49519  |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  | INSURER(S) AFFORDING COVERAGE<br>INSURER A : Citizens Ins Co Of Amer   |                            |  |           | NAIC #<br>31534 |  |
| License#: 0007645<br>INSURED CHOCONM-01   |   |      |               |  |  |                            |  |           |                 |  |
| Chocolates on Main, LLC   |   |      |               |  | INSURER B :  |                            |  |           |                 |  |
| 4390 Old River Rd<br>Waynesville NC 28786   |   |      |               |  | INSURER C :  |                            |  |           |                 |  |
| Waynesville NC 20700  |   |      |               |  | INSURER D :  |                            |  |           |                 |  |
|   |   |      |               |  | INSURER E :  |                            |  |           |                 |  |
| COVERAGES CERTIFICATE NUMBER: 1942300648  |   |      |               |  | 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<br>LTR TYPE OF INSURANCE   |   | SUBR | POLICY NUMBER |  | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | s         |                 |  |
| A X COMMERCIAL GENERAL LIABILITY  | Y | Y    | Z2IJ072444    |  | 7/8/2023   | 7/8/2024                   | EACH OCCURRENCE                              | \$ 1,000  | ,000            |  |
| CLAIMS-MADE X OCCUR   |   |      |               |  |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 1,000  | ,000            |  |
|   |   |      |               |  |  |                            | MED EXP (Any one person)                     | \$ 10,000 |                 |  |
| X Primary/NonContr  |   |      |               |  |  |                            | PERSONAL & ADV INJURY                        | \$ 1,000  | ,000            |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |   |      |               |  |  |                            | GENERAL AGGREGATE                            | \$2,000   | ,000            |  |
| POLICY PRO-<br>JECT LOC   |   |      |               |  |  |                            | PRODUCTS - COMP/OP AGG                       | \$2,000   | ,000            |  |
| OTHER:  |   |      |               |  |  |                            |  | \$        |                 |  |
|   | Y | Y    | Z2IJ072444    |  | 7/8/2023   | 7/8/2024                   | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$ 1,000  | ,000            |  |
|   |   |      |               |  |  |                            | BODILY INJURY (Per person)                   | \$        |                 |  |
| OWNED SONLY SCHEDULED AUTOS ONLY HIRED VONNED   |   |      |               |  |  |                            | BODILY INJURY (Per accident)                 | \$        |                 |  |
| X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY   |   |      |               |  |  |                            | PROPERTY DAMAGE<br>(Per accident)            | \$        |                 |  |
|   |   |      |               |  |  |                            |  | \$        |                 |  |
| A X UMBRELLA LIAB X OCCUR   | Y | Y    | Z2IJ072444    |  | 7/8/2023   | 7/8/2024                   | EACH OCCURRENCE                              | \$ 1,000  | ,               |  |
| EXCESS LIAB CLAIMS-MADE   |   |      |               |  |  |                            | AGGREGATE                                    | \$ 1,000  | ,000            |  |
| DED X RETENTION \$ 0   A WORKERS COMPENSATION   |   | Y    | W2IJ312645    |  | 0/40/0004  | 2/12/2025                  | X PER OTH-                                   | \$        |                 |  |
| AND EMPLOYERS' LIABILITY Y / N  |   | T    | VVZIJ312045   |  | 2/13/2024  | 2/13/2025                  | A STATUTE ER                                 |           |                 |  |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |   |      |               |  |  |                            | E.L. EACH ACCIDENT                           | \$1,000   |                 |  |
| (Mandatory in NH)   |   |      |               |  |  |                            | E.L. DISEASE - EA EMPLOYEE                   | \$ 1,000  |                 |  |
| DÉSCRIPTION OF OPERATIONS below   |   |      |               |  |  |                            | E.L. DISEASE - POLICY LIMIT                  | \$ 1,000  | ,000            |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  |   |      |               |  |  |                            |  |           |                 |  |
| 90 N Main St, Waynesville, NC 28786   |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |
| CERTIFICATE HOLDER CANCELLATION   |   |      |               |  |  |                            |  |           |                 |  |
| Kilwins Chocolates Franchise Inc.<br>Kilwins Quality Confections Inc.<br>1050 Bay View Rd<br>Petoskey MI  |   |      |               |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |  |           |                 |  |
|   |   |      |               |  | AUTHORIZED REPRESENTATIVE  |                            |  |           |                 |  |
|   |   |      |               |  |  |                            |  |           |                 |  |

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