

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/16/2025

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.

,	REPRESENTATIVE OR PRODUCER, AN	ו כו	HE C	EKTIFICATE HOLDER.							
t	IMPORTANT: If the certificate holder is terms and conditions of the policy, ce certificate holder in lieu of such endors	rtair	n pol	icies may require an en	dorsem	ent. A state	ndorsed. If ment on thi	SUBROGATION IS WAIT s certificate does not c	VED, s onfer	ubject to the rights to the	
PRODUCER SKIP SORENSEN, AGENT						CONTACT NAME: Brenda Sorensen					
300 S COUNTY FARM RD, STE D						PHONE (A/C, No, Ext): 630-588-9590 Ext 227 FAX (A/C, No): 630-588-9626					
					E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFarm.com						
See VIIIE/(I OIV, IE OO IO/ 2400					INSURER(S) AFFORDING COVERAGE				NAIC#		
·	INIVANCE					INSURER A: State Farm Fire and Casualty Company				25143	
INSURED REPUBLIC SYSTEMS, LLC					INSURER B : State Farm Mutual Automobile Insurance Company				25178		
100 N HALE STREET					INSURER C:						
WHEATON, IL 60187-5113					INSURER D:						
9						INSURER E :					
	OVERACES CER	INSURER F: REVISION NUMBER:				1					
				ENUMBER:	VE BEE	N ISSUED TO		TO DESIGN OF THE CONTROL OF THE PROPERTY OF THE PARTY OF	THE PO	DLICY 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.											
INSI	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	CENEDAL HADILITY	Υ	Y					EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR			93-KJ-X431-4		09/19/2025	09/19/2026	MED EXP (Any one person)	\$	10,000	
	X PRIMARY & NON-CONTRIB.							PERSONAL & ADV INJURY	\$	1,000,000	
	X HIRED & NONOWNED AUTOS							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					ž		PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
В	AUTOMOBILE LIABILITY	Υ	Y					(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED			1834469-SFP-13		07/11/2025	01/11/2026	BODILY INJURY (Per person)	\$	1,000,000	
	AUTOS X SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	1,000,000	
	HIRED AUTOS AUTOS							(Per accident)	\$	100,000	
<u>_</u>	X IMPRILATION X								\$	1 000 000	
Α		Υ	Y	93-GY-U086-9		12/29/2024	12/29/2025	EACH OCCURRENCE	\$	1,000,000	
	CD MINO WAS 2							AGGREGATE	\$	1,000,000	
-	DED X RETENTION \$ 10,000 WORKERS COMPENSATION		-					WC STATU- OTH- TORY LIMITS ER	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER	\$		
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
_	DESCRIPTION OF OPERATIONS BEIOW										
								.**			
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks	Schedule,	if more space is	required)	the same of the sa			
Kil	lwins Chocolates Franchise, Inc. and Kilwi	n's C	Quality	v Confections Inc. are lister	d as Ado	ditional Insure	ed on Priman	and Non-Contributory ba	asis wit	h regards to	
Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability, Umbrella in favor of Kilwins											
Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.											
	It is agreed that it is the intention of the Company to provide 30 days written notice prior to the cancellation of the policy designated in this certificate. However,										
	s agreed that it is the intention of the Com e Company assumes no liability for failure			rovide 30 days written notic	ce prior i	to the cancel	lation of the p	oolicy designated in this co	ertificat	e. However,	
CERTIFICATE HOLDER CANCELLATION											
						010111 5 ANY OF THE ABOVE BEOOD!					
Kilwins Chocolates Franchise, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Kilwin's Quality Confections Inc.						ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bay View Road						NZPD DESCRIPTION	ALTA TRAT				
1					I AUTHOR	KIZED KEPRESE	AUTHORIZED REPRESENTATIVE				

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Petoskey, MI 49770