



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2026

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 Olivier VanDyk Insurance Agency, Inc. 37 Ottawa Ave NW, Suite 400 Grand Rapids MI 49503	CONTACT NAME: PHONE (A/C, No, Ext): 616-454-0800	FAX (A/C, No): 616-454-7100	
	E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED CM Treats LLC; CM Tennesweets LLC; CM Brookhaven LLC; CM Stadium Trace LLC CM Ventures LLC; CM Midland LLC 1230 Broadway Columbus GA 31901	CMTREAT-01	INSURER A: The Hartford	22357
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 831407124

## 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	COMMERCIAL GENERAL LIABILITY	Y	Y	81SBAAR4PHH	2/19/2026	2/19/2027	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	X Primary/NonContr						MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 2,000,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 4,000,000
A	AUTOMOBILE LIABILITY	Y	Y	81SBAAR4PHH	2/19/2026	2/19/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
A	UMBRELLA LIAB	X	Y	81SBAAR4PHH	2/19/2026	2/19/2027	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB						AGGREGATE	\$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHE-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
	E.L. DISEASE - POLICY LIMIT	\$						

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

Location 1: 1230 Broadway, Columbus, GA 31901  
 Location 2: 408 S Gay St, Knoxville, TN 37902  
 Location 3: 705 Town Blvd SE, Atlanta, GA 30319  
 Location 4: 5220 Peridot Place, Ste 112, Hoover, AL 35244  
 Location 5: 6801 Flat Rock Rd, Columbus, GA 31907

## CERTIFICATE HOLDER

## CANCELLATION

Kilwins Chocolates Franchise Inc.  
 Kilwins Quality Confections Inc.  
 1050 Bay View Rd  
 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