

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2023

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(les) 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).												
PRO	DUCER				CONTA NAME:	СТ						
Olivier VanDyk Insurance Agency, Inc 2780 44TH STREET SW									FAX (A/C, No):	: 616-454-7100		
Wyoming MI 49519						E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
License#: 0007645						INSURER A: The Hartford					22357	
INSURED GULFCOA-01 PB Confections, LLC						INSURER B:						
Pensacola Confections, LLC					INSURER C:							
4751 Main St, F113					INSURER D:							
Orange Beach AL 36561					INSURER E :							
COVEDACES CERTIFICATE NUMBER, 400000000						INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1626380898 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.										WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
Α	A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Υ	81SBMAS9BBL		6/10/2023	6/10/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000		
										\$ 1,000	,	
	X Priman/NonContr							() = = - =		\$ 10,000		
	Fillialy/Noncollti								RSONAL & ADV INJURY \$ 1,000 NERAL AGGREGATE \$ 2,000			
	POLICY PRO- POLICY PRO- JECT LOC									\$ 2,000	,	
	OTHER:									\$	000	
A AUTOMOBILE LIABILITY		Υ	Υ	81SBMAS9BBL	6/10/	6/10/2023	6/10/2024	COMBINED SINGLE (Ea accident)	SINGLE LIMIT \$ 1,000		,000	
	ANY AUTO							BODILY INJURY (Per person) \$		\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	· / I	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR	Υ	Y	81SBMAS9BBL		6/10/2023	6/10/2024	EACH OCCURRENCE	EACH OCCURRENCE \$ 1,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ 1,000	,000	
A	DED RETENTION \$ WORKERS COMPENSATION		Y	81WECAC00CA		0/24/2022	8/31/2023	X PER STATUTE	OTH- ER	\$		
A	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		,	6 I WECACUUCA	0/3	8/31/2022	0/31/2023			a 1 000	000	
	OFFICER/MEMBER EXCLUDED?	EMBER EXCLUDED? N / A								\$ 1,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOL	LICT LIMIT	\$ 1,000	000	
Loc	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location 1: 400 Quitewater Beach Repensace Beach, FL 32561											
Location 2: 40 S Palafox St, Ste 101, Pensacola, FL 32502												
CEI	RTIFICATE HOLDER	CANCELLATION										
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 Bay View Rd Petoskey MI 49770						AUTHORIZED REPRESENTATIVE						