

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2024

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.

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						CONTACT					
Olivier VanDyk Insurance Agency, Inc 2780 44TH STREET SW Wyoming MI 49519						NAME: PHONE (A/C, No, Ext): 6164540800 (A/C, No): 61			: 616-45	4-7100	
						E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC#					
										22357	
INSURED GULFCOA-01						INSURER B:					
PB Confections, LLC					INSURER C:						
Pensacola Confections, LLC 4751 Main St, F113					INSURER D :						
Orange Beach AL 36561					INSURER E :						
,											
COVERAGES CERTIFICATE NUMBER: 1824921705						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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	81SBMAS9BBL		6/10/2024	6/10/2025	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,0		,000	
								MED EXP (Any one person)	\$ 10,00	0	
	X Primary/NonContr							PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
									\$		
Α	AUTOMOBILE LIABILITY	Υ	Υ	81SBMAS9BBL		6/10/2024	6/10/2025	COMBINED SINGLE LIMIT (Ea accident)	LE LIMIT \$ 1,000,00		
	ANY AUTO							BODILY INJURY (Per person)	Per person) \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per acciden	t) \$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC CIVET							(i or decidenty	\$		
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	81SBMAS9BBL		6/10/2024	6/10/2025	EACH OCCURRENCE	\$ 1,000	.000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$1,000		,000	
	DED X RETENTION\$ 10,000								\$,	
Α	WORKERS COMPENSATION			81WECAC00CA		8/31/2023	8/31/2024	X PER OTH-			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000	.000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	BESCHI HON OF OF ENAMONO BEIOW							E.E. BIOL/IGE T GEIGT EINI	ψ .,σσσ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL				le, may be	e attached if more	space is require	ed)			
	ation 1: 400 Quitewater Beach Rd, Pens										
Location 2: 40 S Palafox St, Ste 101, Pensacola, FL 32502											
CF	RTIFICATE HOLDER		CANC	CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	· · · · · · · · · · · · · · · · · · ·					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770						AUTHORIZED REPRESENTATIVE					