

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2024

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 noticy(les) must have ADDITIONAL INSURED provisions or be endorsed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to ti	ne tei	rms and conditions of th	e polic	y, certain po	olicies may ı		orsement	. A sta	atement on	
PRODUCER						CONTACT NAME:						
Olivier VanDyk Insurance Agency, Inc 2780 44TH STREET SW Wyoming MI 49519						NAME: PHONE (A/C, No, Ext): 6164540800  FAX (A/C, No): 616-454-7100						
						(A/C, No, Ext): 0104340800 (A/C, No): 010-434-7100  E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com						
Tryoning IVII 40010						INSURER(S) AFFORDING COVERAGE NAIC #						
 License#: 0007645						INSURER A: The Hartford					22357	
INSURED GULFCOA-01						INSURER B:					22001	
PB Confections, LLC						INSURER C:						
Pensacola Confections, LLC 4751 Main St, F113						INSURER D :						
Orange Beach AL 36561						INSURER E :						
_						INSURER F:						
COVERAGES CERT			CATE	NUMBER: 1619879106	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	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	81SBMAS9BBL		6/10/2024	6/10/2025	EACH OCCURRENCE \$1,00			,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ	\$1,000	,000		
								MED EXP (Any one	person)	\$ 10,00	0	
	X Primary/NonContr	mary/NonContr						PERSONAL & ADV	INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GATE	\$2,000	,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$2,000	,000	
	OTHER:	.,	.,					COMBINED SINGLE	= I IMIT	\$	000	
Α	AUTOMOBILE LIABILITY	Y	Y	81SBMAS9BBL		6/10/2024	6/10/2025	(Ea accident)		\$ 1,000	,000	
	ANY AUTO OWNED SCHEDULED							` ' '		\$		
	AUTOS ONLY AUTOS							,	,	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	JL	\$		
	<u> </u>	.,	.,							\$		
Α	X UMBRELLA LIAB X OCCUR	Y	Y	81SBMAS9BBL		6/10/2024	6/10/2025	EACH OCCURRENCE		\$1,000	,	
	EXCESS LIAB CLAIMS-MADE									\$1,000	,000	
_	DED X RETENTION \$ 10,000 WORKERS COMPENSATION			0414/504 00004		0/04/0004	0/04/0005	V PER	OTH-	\$		
Α	AND EMPLOYERS' LIABILITY Y / N			81WECAC00CA		8/31/2024	8/31/2025	X PER STATUTE	OTH- ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$1,000		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location 1: 400 Quitewater Beach Rd, Pensacola Beach, FL 32561 Location 2: 40 S Palafox St, Ste 101, Pensacola, FL 32502												
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						