



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/9/2017

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 this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

| | | |
|--|--|------------------------------|
| PRODUCER Gracey Backer Inc 275 George Bush Blvd Delray Beach FL 33444 | CONTACT NAME: Trish Warren PHONE (A/C. No. Ext): (561)276-6055 E-MAIL ADDRESS: trish@gbifl.com PRODUCER CUSTOMER ID: 00014226 | FAX (A/C. No): (561)265-0034 |
| INSURED THREE BLIND MICE LLC DBA KILWIN'S OF TRADITIONS 10478 SW VILLAGE CENTER DR PORT SAINT LUCIE FL 34987 | INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 40231 |

COVERAGES

CERTIFICATE NUMBER: CP176903431

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 10478 SW VILLAGE CENTER DR Port St Lucie, FL

Betterments & Improvements included in

Business Personal Property

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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS | |
|----------|--|----------------|------------------------------------|-------------------------------------|--|---|------------------|
| A | <input checked="" type="checkbox"/> PROPERTY | BPG89172 | 6/12/2017 | 6/12/2018 | <input checked="" type="checkbox"/> BUILDING | \$ | |
| | CAUSES OF LOSS | | | | DEDUCTIBLES | <input checked="" type="checkbox"/> PERSONAL PROPERTY | \$ 390,000 |
| | BASIC | | | | BUILDING | BUSINESS INCOME | \$ 12 Months ALS |
| | BROAD | | | | CONTENTS | EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> SPECIAL | | | | 1,000 | RENTAL VALUE | \$ |
| | EARTHQUAKE | | | | | BLANKET BUILDING | \$ |
| | <input checked="" type="checkbox"/> WIND | | | | 5% Deduct | BLANKET PERS PROP | \$ |
| | FLOOD | | | | | BLANKET BLDG & PP | \$ |
| | | | | | | | \$ |
| | | | | | | | Spoilage |
| | INLAND MARINE | TYPE OF POLICY | | | \$ | | |
| | CAUSES OF LOSS | POLICY NUMBER | | | \$ | | |
| | NAMED PERILS | | | | \$ | | |
| | CRIME | | | | \$ | | |
| | TYPE OF POLICY | | | | \$ | | |
| | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |
| | | | | | \$ | | |

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

KILWIN'S CHOCOLATES FRANCHISE INC
KILWINS QUALITY CONFECTIONS INC
1050 BAY VIEW ROAD
PETOSKY, 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

Trish Warren/TW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Gracey Backer Inc 275 George Bush Blvd Delray Beach FL 33444 | CONTACT NAME: Trish Warren PHONE (A/C, No. Ext): (561) 276-6055 E-MAIL: trish@gbifl.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Ins Co INSURER B: Technology Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | FAX (A/C, No): (561) 265-0034 NAIC # 40231 |
| INSURED THREE BLIND MICE LLC DBA KILWIN'S OF TRADITIONS 10478 SW VILLAGE CENTER DR PORT SAINT LUCIE FL 34987 | | |

COVERAGES

CERTIFICATE NUMBER: CL176924898

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | BPG89172 | 6/12/2017 | 6/12/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Policy Fee \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | BPG89172 | 6/12/2017 | 6/12/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ | | | CUG89172 | 6/12/2017 | 6/12/2018 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | TWC3635555 | 6/12/2017 | 6/12/2018 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Certificate holder is Additional Insured - Primary & Non-Contributory re General Liability; Waiver of Subrogation applies to General Liability & Workers Compensation/Employers Liability; 30-day notice of cancellation/non-renewal - except Workers Compensation

CERTIFICATE HOLDER**CANCELLATION**

KILWIN'S CHOCOLATES FRANCHISE INC
KILWINS QUALITY CONFECTIONS INC
1050 BAY VIEW ROAD
PETOSKY, MI 49770

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AUTHORIZED REPRESENTATIVE

Trish Warren/TW

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