

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/31/2024

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

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to t	he te	rms and conditions of th	e polic	y, certain po	olicies may r		orsement	. A sta	atement on	
PRODUCER						CONTACT NAME:						
Olivier VanDyk Insurance Agency, Inc						FAV						
2780 44th St SW Wyoming MI 49519						PHONE (A/C, No, Ext): 616-454-0800						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
NAOMROC-01						INSURER A: Citizens Ins Co Of Amer					31534	
NAOMROC-01 Naomi Rochelle, LLC						INSURER B:						
920 Snowberry Trail						INSURER C:						
Alpharetta GA 30005						INSURER D:						
_						INSURER E :						
					INSURER F:							
				NUMBER: 1136602221	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 PERIAIN, 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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	Z2IJ637306		2/1/2024	2/1/2025	EACH OCCURREN		\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$,000	
								MED EXP (Any one	person)	\$ 5,000		
	X Primary/NonContr							PERSONAL & ADV	INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$ 2,000	,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$ 2,000	,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY	Υ	Υ	Z2IJ637306		2/1/2024	2/1/2025	COMBINED SINGL (Ea accident)	E LIMIT	\$1,000	,000	
	ANY AUTO	ANY AUTO						BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	er accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	Z2IJ637306		2/1/2024	2/1/2025	EACH OCCURREN	CE	\$ 1,000	000	
	EXCESS LIAB CLAIMS-MADE									\$ 1,000		
	DED RETENTION\$									\$,	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ť		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	_	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below									\$		
	DESCRIPTION OF OPERATIONS BEIOW							E.E. BIOLAGE - 1 C	LIOT LIMIT	Ψ		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	ACORE	101, Additional Remarks Schedu	le, may be	attached if more	e space is require					
410 Peach Tree Pkwy, Ste 136, Cumming, GA 30041												
CERTIFICATE HOLDER						CANCELLATION						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI						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						