

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2025

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(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject s certificate does not confer rights t				ıch end	dorsement(s)	•	equire an endorsement.	A sta	tement on	
	ucer er VanDyk Insurance Agency, Inc 0 44th St SW				CONTACT NAME: PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100					1-7100	
	oming MI 49519				E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
				License#: 0007645	INSURER A: Citizens Ins Co Of Amer					31534	
INSURED MAGSDUL-01						INSURER B:					
MAG's Dulce, LLC 1400 Jenks Carpenter Rd						INSURER C:					
Cary NC 27519						INSURER D:					
					INSURER E:						
					INSURER F:						
COV	COVERAGES CERTIFICATE NUMBER: 1080979515			REVISION NUMBER:							
INI CE EX	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.										
NSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Υ	Z2IJ577299		11/1/2025	11/1/2026		\$2,000,	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	000	
								MED EXP (Any one person)	\$5,000		
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INSR LTR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDLISUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Υ	Z2IJ577299	11/1/2025	11/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 1,000,000	
							MED EXP (Any one person)	\$ 5,000	
	X Primary/NonContr						PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000	
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000	
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY	Υ	Υ	Z2IJ577299	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	Z2IJ577299	11/1/2025	11/1/2026	EACH OCCURRENCE	\$1,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000	
	DED X RETENTION \$ 0							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	W2IJ576856	11/1/2025	11/1/2026	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	OBD	101 Additional Remarks Schedule, may be	attached if more	e enace is require	ad)		

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

Location 1: 2004 Boulderstone Way, Cary, NC 27519 Location 2: 3308 Village Market PI, Morrisville, NC 27560 Location 3: 200 Park At North Hills St, Raleigh, NC 27609 Location 4: 26 Battery Park Ave, Asheville, NC 28801

CERTIFICATE HOLDER	
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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 WVIC