

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/18/2025

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.

| 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 St SW Wyoming MI 49519 | | | | | | NAME: PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): | | | X C, No): 616-4 | 54-7100 | |
| | | | | | | E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | | | | | | | | | | 22357 | |
| INSURED S&WSOLU-01 | | | | | | INSURER B: | | | | | |
| S&W Solutions, LLC | | | | | INSURER C: | | | | | | |
| 254 Bluffview Dr Arab AL 35016 | | | | | INSURE | | | | | | |
| AIGD AL 300 TO | | | | | INSURER E : | | | | | | |
| | | | | | INSURER F: | | | | | | |
| COVEDACES CERTIFICATE NUMBER: 070075000 | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 373975096 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 | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | Υ | Υ | 81SBABE6H1T | | 4/1/2025 | 4/1/2026 | EACH OCCURRENCE | \$ 1,00 | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurren | nce) \$1,00 | 0,000 | |
| | | | | | | | | MED EXP (Any one pers | | 000 | |
| | X Primary/NonContr | | | | | | | PERSONAL & ADV INJU | JRY \$1,00 | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP | AGG \$2,00 | 0,000 | |
| | OTHER: | | | | | | | | \$ | | |
| Α | AUTOMOBILE LIABILITY | Υ | Υ | 81SBABE6H1T | | 4/1/2025 | 4/1/2026 | COMBINED SINGLE LIN (Ea accident) | AIT \$ 1,00 | 0,000 | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per pe | erson) \$ | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per ac | ccident) \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | AUTOS ONET | | | | | | | (i ei accident) | \$ | | |
| Α | X UMBRELLA LIAB X OCCUR | Υ | Υ | 81SBABE6H1T | | 4/1/2025 | 4/1/2026 | EACH OCCURRENCE | \$ 1.00 | 0,000 | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | 0,000 | |
| | DED X RETENTION\$ 10,000 | | | | | | | 7.00.1207112 | \$ | -, | |
| Α | WORKERS COMPENSATION | | Υ | 81WECBK9EVA | | 10/2/2025 | 10/2/2026 | X PER STATUTE | OTH- ER | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. EACH ACCIDENT | | 0,000 | |
| | | | | | | | | E.L. DISEASE - EA EMP | | | |
| | | | | | | | | E.L. DISEASE - POLICY | | | |
| | DESCRIFTION OF OFERATIONS BEIOW | | | | | | | E.E. DIOLAGE - I OLIOT | LIIVII 1 9 1,00 | , | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | L CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | ES (A | ACORD | 101, Additional Remarks Schedu | le, may b | attached if more | space is require | ed) | | | |
| 2485 Paddle Wheel Dr, Guntersville, AL 35976 | | | | | | | | | | | |
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| CERTIFICATE HOLDER CANC | | | | | | | ANCELLATION | | | | |
| | | | | | | | | | | | |
| 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 | | | | | |