

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2024

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 policy(ies) must have ADDITIONAL INSURED provisions or 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						CONTACT NAME:						
Olivier VanDyk Insurance Agency, Inc					PHONE (A/C, No): 616-454-7100						4-7100	
Wyoming MI 49519						(A/C, No, Ext): 010-434-7100   (A/C, No): 010-434-7100   E-MAIL   ADDRESS: certificates.sbu@ovdinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
											31534	
STARLI C-01						INSURER B:					31334	
StarBright, LLC												
2810 Highland Pass					INSURER C:							
					INSURER D:							
					INSURER E:							
COVERAGES CERTIFICATE NUMBER: 1287154825					INSURER F:							
		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.											HE TERMS,	
			OLICIES. LIMITS SHOWN MAY HAVE   DDL SUBR			POLICY FEE POLICY FXP						
INSR LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD Y	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
Α		,	'	Z2IJ712531		5/3/2024	5/3/2025	EACH OCCURREN  DAMAGE TO RENT		\$ 1,000	,	
	CLAIMS-MADE X OCCUR							(		\$ 1,000		
								MED EXP (Any one		\$ 5,000		
	X Primary/NonContr							PERSONAL & ADV		\$ 1,000	-	
	GEN'L AGGREGATE LIMIT APPLIES PER:    PRO-   X   LOC							GENERAL AGGRE		\$ 2,000		
	JECT LOCK							PRODUCTS - COM	P/OP AGG	\$ 2,000	,000	
A	OTHER: AUTOMOBILE LIABILITY	Y	Y	7011740504		E 12 12024	E IO IOOOE	COMBINED SINGL	E LIMIT	\$		
Α	ANY AUTO	,	'	Z2IJ712531		5/3/2024	5/3/2025	(Ea accident) BODILY INJURY (P		\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	X HIRED X NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
A	X UMBRELLA LIAB X OCCUR	Y	Y	7011740504		E 12 12024	E IO IOOOE			-	000	
^	EXOCOLUAD OCCUR		'	Z2IJ712531		5/3/2024	5/3/2025			\$ 1,000		
	CLAIWS-IWADL							AGGREGATE		\$ 1,000	,000	
	DED   RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y/N									_		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le. mav be	e attached if more	e space is require	ed)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 1210 Temple Dr, Ste 200A, Sugar Hill, GA 30518												
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770						AUTHORIZED REPRESENTATIVE						