

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2025

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. 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).

COVEDACES	CERTIFICATE NUMBER, 4044005000	DEVICION NUM	DED.
		INSURER F:	
		INSURER E :	
South Lyon MI 48178		INSURER D:	
Cheer Up Charlie Chocolates, L 10435 Mendota Dr	LC	INSURER C:	
INSURED	CHEEUPC-01	INSURER B: Allmerica Fin Benefit Ins Co	41840
	License#: 0007645	INSURER A: Citizens Ins Co Of Amer	31534
		INSURER(S) AFFORDING COVERAGE	NAIC#
Wyoming MI 49519		E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com	
Olivier VanDyk Insurance Ageno 2780 44th St SW	cy, inc	PHONE (A/C, No, Ext): 616-454-0800	A/C, No): 616-454-7100
PRODUCER		CONTACT NAME:	

COVERAGES CERTIFICATE NUMBER: 1811965802 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.

	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		
Α	Х	COMMERCIAL GENERAL LIABILITY	Υ	Υ	Z2IM058540	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
								MED EXP (Any one person)	\$ 10,000	
	Х	Primary/NonContr						PERSONAL & ADV INJURY	\$1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	Х	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							\$	
Α	AU1	TOMOBILE LIABILITY	Υ	Υ	Z2IM058540	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	Х	UMBRELLA LIAB X OCCUR	Υ	Υ	Z2IM058540	6/1/2025	6/1/2026	EACH OCCURRENCE	\$ 1,000,000	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000,000	
		DED RETENTION \$							\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY		Υ	W2IM164385	10/24/2025	10/24/2026	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE 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	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 191 Cadycenter, Northville, MI 48167

Kilwins Chocolates Franchise Inc & Kilwin's Quality Confections Inc. 1050 Bay View Road 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