



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2026

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 Olivier VanDyk Insurance Agency, Inc. 37 Ottawa Ave NW, Suite 400 Grand Rapids MI 49503	CONTACT NAME: PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100					
	E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Citizens Ins Co Of Amer 31534					
	INSURER B: Allmerica Fin Benefit Ins Co 41840					
	INSURER C:					
	INSURER D:					
INSURER E:						
INSURER F:						
INSURED Sweet Blossom, LLC 8736 Lindenwood Ln Irving TX 75063-3911	License#: 0007645 SWEEBLO-01			NAIC #		

## COVERAGES

CERTIFICATE NUMBER: 1507884464

## 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Primary/NonContr  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:	Y	Y	Z2IJ958453	2/6/2026	2/6/2027	EACH OCCURRENCE \$ 1,000,000									
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000									
							MED EXP (Any one person) \$ 5,000									
							PERSONAL & ADV INJURY \$ 1,000,000									
							GENERAL AGGREGATE \$ 2,000,000									
							PRODUCTS - COMP/OP AGG \$ 2,000,000									
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	Z2IJ958453	2/6/2026	2/6/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000									
							BODILY INJURY (Per person) \$									
							BODILY INJURY (Per accident) \$									
							PROPERTY DAMAGE (Per accident) \$									
							\$									
							\$									
A	UMBRELLA LIAB  EXCESS LIAB  DED <input type="checkbox"/> RETENTION \$	X	Y	Z2IJ958453	2/6/2026	2/6/2027	EACH OCCURRENCE \$ 1,000,000									
							AGGREGATE \$ 1000000									
							\$									
							B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	Y	W2IJ958426	2/6/2026	2/6/2027	<input checked="" type="checkbox"/> PER STATUTE	OTHR-	
														E.L. EACH ACCIDENT \$ 1,000,000		
														E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
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)  
3001 Olympus Blvd, Ste 140, Coppell, TX 75019

## CERTIFICATE HOLDER

## CANCELLATION

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