

TWAKE1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2025

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 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:	
Digital Insurance LLC-Clayton, MO 8235 Forsyth Blvd #1200	PHONE (A/C, No, Ext): (314) 746-4700 FAX (A/C, No): (314) 8	889-3700
Clayton, MO 63105	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Property & Cas Ins Co of Hartford	34690
INSURED	INSURER B : Hartford Insurance Co of SE	38261
Webster Seaclaid, LLC	INSURER C:	
662 W Lockwood Ave	INSURER D:	
Saint Louis, MO 63119-3550	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER.	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER: 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		JSIONS AND CONDITIONS OF SUCH		SUBR		POLICY EFF	POLICY EXP			
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х	Х	84SBABW6RS9	10/10/2025	10/10/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		<u> </u>						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		Business Liability General Aggre OTHER:							\$	
Α	AUT	OMOBILE LIABILITY				10/10/2025		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Х	Х	84SBABW6RS9		10/10/2026	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE	X	X	84SBABW6RS9	10/10/2025	10/10/2026	AGGREGATE	\$	
		DED X RETENTION \$ 10,000						Umbrella Covera	\$	1,000,000
В	AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N			X	84WECBW6SLH	10/10/2025	10/10/2026	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)			A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION 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)
Holder is additional insured with primary & non-contributory and waiver of subrogation to general liability, auto liability and umbrella as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise Inc. & Kilwins Quality Confections Inc 1050 Bay View Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE
	Michl Fährerban &