

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/26/2025

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).

	is certificate does not confer rights to				uch end	dorsement(s)		equire an endorsement	. A 310	atement on	
PRODUCER						CONTACT NAME:					
Sterling Seacrest Pritchard, Inc. 120 Riverview Dr.					PHONE (A/C, No, Ext): 912-544-1900 FAX (A/C, No):						
Suite 200					E-MAIL ADDRESS:						
Savannah GA 31404					INSURER(S) AFFORDING COVERAGE					NAIC#	
License#: 70726					INSURER A: Evanston Insurance Co					35378	
INSURED EXTOPRO-01					INSURER B: Employers Preferred Insurance Co					10346	
Savannah Bird Girl Sweets LLC 205 W Congress St					INSURER C:						
Savannah GA 31401-2509				INSURER D:							
					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 81100950						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.  INST.   ADDLISUBRI   POLICY EFF   POLICY EXP										WHICH THIS	
INSR LTR	TYPE OF INSURANCE		DL SUBR SD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			3AA842726		11/12/2024	11/12/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,0	00	
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000	-	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	V IMPRELLATION V			F71/0040000		4/00/0005	44/40/0005		\$		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE	OCCOR   ===================================		EZXS3198239	4/22/2025		11/12/2025	EACH OCCURRENCE	\$ 1,000	,	
	CEAIWS-WADE							AGGREGATE	\$ 1,000	,000	
В	DED A RETENTION S () WORKERS COMPENSATION			EIG613856900		9/28/2025	9/28/2026	X PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				LIG013030300		9/20/2023	9/20/2020				
	FFICER/MEMBER EXCLUDED?  Mandatory in NH)							E.L. EACH ACCIDENT	\$1,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,0  E.L. DISEASE - POLICY LIMIT \$ 1,0			
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISEASE - FOLICT LIMIT	ψ 1,000	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is included as an additional insured on the General and Umbrella Liability policies.  General and Umbrella Liability coverage provided for additional insured is primary and non-contributory with respect to any similar insurance held by the additional insured to the extent of the policy.  Waiver of Subrogation is included in favor of Certificate Holder for the General Liability, Umbrella Liability, and Workers Compensation policies as per the policy forms.											
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Kilwins Chocolates Franchise, Inc.					AUTHORIZED REPRESENTATIVE						