



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2025

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).

|                                                                                               |  |                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Brightway Insurance<br>10240 W. Sampple Road<br><br>Coral Springs FL 33065 |  | <b>CONTACT NAME:</b> Erica White<br><b>PHONE (A/C, No, Ext):</b> 954-227-8191<br><b>E-MAIL ADDRESS:</b> Erica.White@Brightway.com<br><b>FAX (A/C, No):</b> |  |
|                                                                                               |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                       |  |
|                                                                                               |  | <b>INSURER A:</b> MT Hawley                                                                                                                                |  |
|                                                                                               |  | <b>INSURER B:</b> Markel                                                                                                                                   |  |
|                                                                                               |  | <b>INSURER C:</b>                                                                                                                                          |  |
|                                                                                               |  | <b>INSURER D:</b>                                                                                                                                          |  |
|                                                                                               |  | <b>INSURER E:</b>                                                                                                                                          |  |
|                                                                                               |  | <b>INSURER F:</b>                                                                                                                                          |  |

**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 LTR                                                                                                                                                  | TYPE OF INSURANCE                                                                                                                                                                                                                   | ADDL INSD                                                        | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------|
| A                                                                                                                                                         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                                  | X                                                                |          | GPK0041334    | 12/14/2024              | 12/14/2025              | EACH OCCURRENCE \$ 1,000,000                                                                                   |
|                                                                                                                                                           | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                                                                                                                                                |                                                                  |          |               |                         |                         |                                                                                                                |
|                                                                                                                                                           | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                   |                                                                  |          |               |                         |                         |                                                                                                                |
|                                                                                                                                                           | PERSONAL & ADV INJURY \$ 1,000,000                                                                                                                                                                                                  |                                                                  |          |               |                         |                         |                                                                                                                |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                                                                                                                                                                                                                     |                                                                  |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                                                 |
|                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                                  |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                                                                            |
|                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                                  |          |               |                         |                         | \$                                                                                                             |
| A                                                                                                                                                         | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY |                                                                  |          | GPK0041334    | 12/14/2024              | 12/14/2025              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                                               |
|                                                                                                                                                           | BODILY INJURY (Per person) \$                                                                                                                                                                                                       |                                                                  |          |               |                         |                         |                                                                                                                |
|                                                                                                                                                           | BODILY INJURY (Per accident) \$                                                                                                                                                                                                     |                                                                  |          |               |                         |                         |                                                                                                                |
|                                                                                                                                                           | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                   |                                                                  |          |               |                         |                         |                                                                                                                |
|                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                                  |          |               |                         |                         | \$                                                                                                             |
| B                                                                                                                                                         | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b>                                                                                                                                                                                          |                                                                  |          | EZXS3182709   | 12/14/2024              | 12/14/2025              | EACH OCCURRENCE \$ 4,000,000                                                                                   |
|                                                                                                                                                           | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE                                                                                                                                                              |                                                                  |          |               |                         |                         | AGGREGATE \$ 4,000,000                                                                                         |
|                                                                                                                                                           | DED RETENTION \$                                                                                                                                                                                                                    |                                                                  |          |               |                         |                         | \$                                                                                                             |
|                                                                                                                                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                       | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |
|                                                                                                                                                           |                                                                                                                                                                                                                                     |                                                                  |          |               |                         |                         |                                                                                                                |

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

Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Auto Liability and Umbrella. Waiver of Subrogation with regards to Worker's Compensation/Employer's Liability, General Liability, umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                                                 |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kilwins Chocolates Franchise, Inc<br>Kilwins Quality Confections Inc<br>1050 Bay View Road<br>Peroskey 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<br>                                                                                                                                  |

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