



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/02/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| | | | | |
|---|--|--|-------------------------------|--|
| AGENCY Brightway Insurance 10240 W Sample Road Coral Springs, FL 33065 | | PHONE (A/C, No, Ext): 954-617-2600 | COMPANY Mt. Hawley | |
| FAX (A/C, No): 866-763-3839 | | E-MAIL ADDRESS: Erica.White@brightway.com | | |
| CODE: AGENCY CUSTOMER ID #: | | SUB CODE: | | |
| INSURED Desiree and Daniel Brock, DBA: Ventures III Inc. DBA Kilwins of Coral Springs 12199 NW 32 Court Coral Springs, FL 33065 | | LOAN NUMBER Coral Springs | POLICY NUMBER GPK0036178 | CONTINUED UNTIL TERMINATED IF CHECKED |
| | | EFFECTIVE DATE 12/14/2023 | EXPIRATION DATE 12/14/2024 | <input type="checkbox"/> |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

| |
|--|
| LOCATION/DESCRIPTION 2758 University Drive Coral Springs, FL 33065 |
|--|

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|------------|
| Business Personal Property- Including Betterments and Improvements | \$450,000 | \$1000/5% |
| Equipment Breakdown Limit | \$453,666 | \$1000/5% |
| Spoilage | \$50,000 | \$1000/5% |
| Replacement Cost Basis- 80% Co Insurance | | |
| Special Coverage Form | | |
| 10 day notice for non pay-30 day notice for any other reason | | |
| Business Income and Extra Expense | 12 Months | 72 hours |
| Actual Loss Sustained | | |

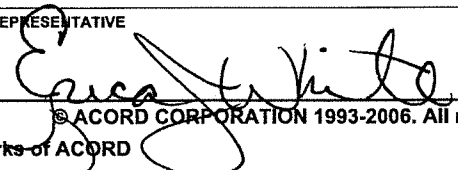
REMARKS (Including Special Conditions)

| |
|--|
| Policy Includes 100% guaranteed replacement cost and wind/hurricane coverage |
|--|

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

| | | |
|---|-------------------------------------|--|
| NAME AND ADDRESS Kilwins Chocolates Franchise Inc. & Kilwin's Quailty Confections Inc. 1050 Bayview Road Petoskey, MI 49770 | <input type="checkbox"/> MORTGAGEE | <input checked="" type="checkbox"/> ADDITIONAL INSURED |
| | <input type="checkbox"/> LOSS PAYEE | |
| | LOAN # | |
| AUTHORIZED REPRESENTATIVE  | | |

ACORD 27 (2006/07)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2024

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 Brightway Insurance 10240 W Sample Road Coral Springs, FL 33065 | CONTACT NAME: Erica White PHONE (A/C, No, Ext): 954-617-2600 E-MAIL ADDRESS: Erica.White@Brightway.com | FAX (A/C, No): 866-763-3839 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Ventures III, DBA Kilwins of Coral Springs 12199 NW 32 Court Coral Springs FL 33065 | INSURER A : Mt Hawley | | |
| | INSURER B : Markel | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

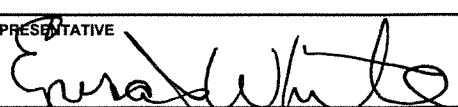
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | X | GPK0036178 | 12/14/2023 | 12/14/2024 | EACH OCCURRENCE \$ 2,000,000 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 \$ 1,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | X | GPK0036178 | 12/14/2023 | 12/14/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | EZXS3140138 | 12/14/2023 | 12/14/2024 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 Kilwin's Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile 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 Kilwin's Quality Confections, Inc.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Kilwins Chocolates Franchise, Inc Kilwin's Quality Confections Inc. 1050 Bay View Road 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  |

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