GFELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2020

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)

| | come righte to the continuate helder in hea t | 5. 545.1 51.45.5511.611.(5). | | | | |
|--|---|--|---------|--|--|--|
| PRODUCER License # L10046 | 60 | CONTACT Goldie Fell | | | | |
| Acentria Insurance - RLG 28 Barkley Circle | | PHONE (A/C, No, Ext): (239) 270-5007 1400 | | | | |
| Fort Myers, FL 33907 | | E-MAIL ADDRESS: goldie.fell@acentria.com | | | | |
| | | INSURER(S) AFFORDING COVER | NAIC # | | | |
| | | INSURER A: The Ohio Casualty Insuranc | 24074 | | | |
| INSURED | | INSURER B : Ohio Security Insurance Col | 24082 | | | |
| Larson, Wulff, | Inc dba Kilwins Deerfield Beach | INSURER C: | | | | |
| 18260 Creekside View Dr. Fort Myers, FL 33908 | | 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,

| | VOLU | | | | LIMITS SHOWN MAY HAVE BEEN | | | | | |
|------------------------------------|--|------------------------------|------|---------------|----------------------------|------------|----------------------------|--|-----------|-----------|
| INSR LTR | INSR TYPE OF INSURANCE | | ADDL | SUBR WVD | POLICY NUMBER | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | | (| ,, | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | Х | Х | BKO58371523 | 3/4/2020 | 3/4/2021 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 15,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | X POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | | OTHER: | | | | | | | \$ | |
| В | - AUTOMOBILE LIABILITY | | x | X BAS56253229 | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | | | | BAS56253229 | 7/21/2020 | 7/21/2021 | BODILY INJURY (Per person) | \$ | |
| | | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| Α | X | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | EXCESS LIAB CLAIMS-MADE X DED X RETENTION\$ 10,000 | | | X | USO58371523 | 3/4/2020 | 3/4/2021 | AGGREGATE | \$ | 1,000,000 |
| | | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

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, Auto Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability and Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. 30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverages. Coverages listed are minimum requirements. Ohio Casualty has an AM Best rating of A.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Kilwins Chocolates Franchise Inc Kilwins Quality Confections, Inc. 1050 Bay View Road | 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 |
| | Earl of Rausch |

ACORD 25 (2016/03)

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