

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/12/2021

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.

| If  | SU   | PRTANT: If the certificate holder<br>BROGATION IS WAIVED, subject<br>certificate does not confer rights to | to th | ne ter | rms and conditions of the | e policy         | , certain po  | olicies may  |                                       |                                   |                  |       |  |
|---|--|--|-------|--------|---------------------------|------------------|---|--------------|---------------------------------------|-----------------------------------|------------------|-------|--|
| this certificate does not confer rights to the certificate holder in lieu of s  |  |  |       |        |                           |                  | CONTACT   |              |                                       |                                   |                  |       |  |
| HOP INSURANCE AGENCY INC  |  |  |       |        |                           |                  | NAME: PHONE (A/C, No, Ext): 616-396-5728  FAX (A/C, No, Ext): 616-396-8930  |              |                                       |                                   |                  |       |  |
| 477 CHICAGO DRIVE   |  |  |       |        |                           |                  | E-MAIL<br>ADDRESS:  |              |                                       |                                   |                  |       |  |
| HOLLAND MI 49423  |  |  |       |        |                           |                  | INSURER(S) AFFORDING COVERAGE NAIC #  |              |                                       |                                   |                  |       |  |
|   |  |  |       |        |                           |                  | INSURER A: FARM BUREAU INSURANCE COMPANY MI   |              |                                       |                                   |                  |       |  |
| INSURED   |  |  |       |        |                           |                  | INSURER B:  |              |                                       |                                   |                  |       |  |
| HEAVEN SCENTS LLC   |  |  |       |        |                           |                  | INSURER C:  |              |                                       |                                   |                  |       |  |
| DBA KILWINS CHOCOLATES OF HOLLAND   |  |  |       |        |                           | INSURER          | D:  |              |                                       |                                   |                  |       |  |
|   |  | 62 E 8TH ST  |       |        | INSURER E :               |                  |   |              |                                       |                                   |                  |       |  |
|   |  | HOLLAND MI 49423   |       |        |                           | INSURER F :      |   |              |                                       |                                   |                  |       |  |
|   |  |  |       |        | 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.    NSR  |  |  |       |        |                           |                  |   |              |                                       |                                   |                  |       |  |
| LTR   |  | TYPE OF INSURANCE  |       | WVD    | POLICY NUMBER             |                  | POLICY EFF<br>MM/DD/YYYY)   | (MM/DD/YYYY) |                                       | LIMITS                            |                  |       |  |
| Α   | ×  | CLAIMS-MADE OCCUR  |       |        |                           |                  | 07/20/2021  | 07/20/2022   | DAMAGE TO RENTE<br>PREMISES (Ea occur | D                                 | s 1,00<br>s 1,00 |       |  |
|   |  |  |       |        |                           |                  |   |              | MED EXP (Any one person) \$ 10,000    |                                   |                  | 00    |  |
|   |  |  |       |        | S 3207437                 | C                |   |              | PERSONAL & ADV IN                     | ERSONAL & ADV INJURY \$ 1,000,000 |                  |       |  |
|   |  | N'L AGGREGATE LIMIT APPLIES PER:   |       |        |                           |                  |   |              | GENERAL AGGREGA                       | NERAL AGGREGATE \$ 2,000,000      |                  |       |  |
|   | X  | POLICY PRO-<br>JECT LOC  |       |        |                           |                  |   |              | PRODUCTS - COMP                       | OP AGG                            | \$ 2,00          | 0,000 |  |
|   | OTHER:   |  |       |        |                           |                  |   |              | COMBINED SINGLE                       | INUT                              | \$               |       |  |
| Α   | AU   | TOMOBILE LIABILITY   |       |        |                           |                  | 07/20/2021  | 07/20/2022   | (Ea accident)                         |                                   | s 1,00           | 0,000 |  |
|   | -  | ANY AUTO OWNED SCHEDULED   |       |        | C 2207427                 |                  |   |              | BODILY INJURY (Per                    |                                   |                  |       |  |
|   | V  | AUTOS ONLY AUTOS   |       |        | S 3207437                 |                  |   |              | BODILY INJURY (Per<br>PROPERTY DAMAGE |                                   | \$               |       |  |
|   | X  | AUTOS ONLY NON-OWNED AUTOS ONLY  |       | ì      |                           |                  |   |              | (Per accident)                        |                                   | \$               |       |  |
| A   | X  | UMBRELLA LIAB X OCCUP  | -     |        |                           |                  |   | 07/20/2022   |                                       |                                   | \$ 4.00          | 0.000 |  |
|   | ^  | UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  |       |        | U 3207439                 |                  | 07/20/2021  |              | EACH OCCURRENCE                       |                                   |                  | 0,000 |  |
|   |  | DED RETENTIONS   |       |        | 0 0207 400                |                  | 0112012021  | 0112012022   | AGGREGATE                             |                                   | \$               |       |  |
|   | WORKERS COMPENSATION   |  |       |        |                           |                  |   |              | PER<br>STATUTE                        | OTH-                              | \$               |       |  |
|   |  | PROPRIETOR/PARTNER/EXECUTIVE   | N/A   |        |                           |                  |   |              | E.L. EACH ACCIDEN                     | ER                                | s 1,00           | 0.000 |  |
| Α   | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |  |       |        | WCC 3207438               | 0                | 07/20/2021  | 07/20/2022   | E.L. DISEASE - EA EI                  |                                   |                  |       |  |
|   |  |  |       |        |                           |                  |   |              |                                       | DISEASE - POLICY LIMIT \$ 1,00    |                  | 0,000 |  |
|   |  |  |       |        |                           |                  |   |              |                                       |                                   |                  |       |  |
| 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, AUTOMOTIVE LIABILITY AND UMBRELLA. WAIVER OF SUBROGATION WITH RECORDS TO WORKERS' COMP/EMPLOYERS LIABILITY, GENERAL LIABILITY, UMBRELLA IN FAVOR OF KILWINS CHOCOLATES FRANCHISE INC AND KILWINS QUALITY CONFECTIONS INC. |  |  |       |        |                           |                  |   |              |                                       |                                   |                  |       |  |
| CERTIFICATE HOLDER  |  |  |       |        |                           |                  | CANCELLATION  |              |                                       |                                   |                  |       |  |
| KILWINS CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC  |  |  |       |        |                           |                  | 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 |              |                                       |                                   |                  |       |  |
|   |  |  |       |        |                           |                  | Mark Chop 4H  |              |                                       |                                   |                  |       |  |