

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)7/2/2024

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).

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|---|---------------------|--|----------|--|--|--|
| PRODUCER | | CONTACT NAME: Shawna Jenks | | | | |
| Jenks Family Insurance Agency LLC | | [(A/O, NO, EXI). | 581-2425 | | | |
| 11 Ballston Ave | | ADDRESS: shawna@jenksfamilyinsurance.com | | | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| Saratoga Springs | NY 12866 | INSURER A: Merchants Insurance Group | 23329 | | | |
| INSURED | | INSURER B: | | | | |
| Saratoga Sweet Tooth LLC | | INSURER C: | | | | |
| 420 BROADWAY | | INSURER D : | | | | |
| | | INSURER E : | | | | |
| SARATOGA SPRINGS | NY 12866 | INSURER F: | | | | |
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: | | | | |

THIS IS TO CERTIFICATE NUMBER:

REVISION NUMBER:

REVISION 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.

| TYPE OF INSURANCE | ADDL | SUBR | DOLLOY NUMBER | POLICY EFF | POLICY EXP | LIMIT | e |
|---|--|--|--|--|--|--|--|
| | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | |
| COMMERCIAL GENERAL LIABILITY | - Y | | | 06/09/2024 | 06/09/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | Y | BOPI115403 | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| OTHER: | | | | | | | \$ |
| AUTOMOBILE LIABILITY | Y | | | 06/09/2024 | 06/09/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| ANY AUTO | | | BOPI115403 | | | BODILY INJURY (Per person) | \$ |
| OWNED SCHEDULED AUTOS NLY | | | | | | ` ' | \$ 1,000,000 |
| HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| ★ UMBRELLA LIAB ★ OCCUR | Y Y | | | 06/09/2024 | 06/09/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| EXCESS LIAB CLAIMS-MADE | | Y | BOPI115403 | | | AGGREGATE | \$ 2,000,000 |
| DED RETENTION \$ | | | | | | | \$ |
| WORKERS COMPENSATION | | | | | | PER OTH- STATUTE ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | v | | | | E.L. EACH ACCIDENT | \$ |
| (Mandatory in NH) | | 1 | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | |
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| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR CLAIMS-MADE COCUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COCUR CLAIMS-MADE C | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY W W W W LAIMS-MADE V MON-OWNED AUTOS ONLY W AUTOS ONLY AUTOS ONLY W AUTOS ONLY W AUTOS ONLY AUTOS ONLY W AUTOS ONLY W AUTOS ONLY AUTOS ONLY W AUTOS ONLY AUTOS ONLY AUTOS ONLY W AUTOS ONLY AUTOS ONLY AUTOS ONLY W AUTOS ONLY AUTOS O | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY WATOS ONLY WATOS ONLY LOC OWNED AUTOS ONLY AUTOS ONLY WATOS ONLY WATOS ONLY WON-OWNED AUTOS ONLY WATOS ONLY WORKERS LIAB CLAIMS-MADE Y Y NORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? MANDATORY IN HI) OFFICER/MEMBER EXCLUDED? MANDATORY OF THE PROPRETOR OF THE PR | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR Y Y BOPI115403 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE Y Y BOPI115403 DED RETENTION \$ NORKERS COMPENSATION AND EMPLOYERS' LIABILITY NANY PROPRIETOR/PARTNER/EXECUTIVE N/A DEFICER/MEMBER EXCLUDED? Mandatory in NH) (res. describe under | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Y Y BOPI115403 06/09/2024 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY W UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE Y BOPI115403 O6/09/2024 W BOPI115403 O6/09/2024 BOPI115403 O6/09/2024 NORKERS COMPENSATION NORKERS COMPENSATIO | CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE TY Y BOPI115403 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY FOOLOGE PRODUCE LIABILITY ANY AUTO OWNED AUTOS ONLY BOPI115403 **WORKERS COMPENSATION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A Y MAND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE MAND MAND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE MAND MAND MAND MAND MAND MAND MAND MAND | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR Y Y BOPI115403 O6/09/2024 O6/09/2025 DEPRONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY W MERELLA LIAB EXCESS LIAB CLAIMS-MADE DED RETENTIONS NORKERS COMPENSATION NOR COMMENDATIONS NOR COMPANDATE NOR COMPAN |

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

Kilwins Chocolate Franchise Inc is listed as an additional insured on the above mentioned policies

Sweet Tooth LLC agrees to waive any right of recovery it may have against Kilwins Chocolate Franchise Inc for losses covered under the above mentioned policies to the extent that such waiver is permitted by law and the terms of the policy. Kilwins Chocolate Franchise Inc for all coverages is Primary & Non-Contributory

| CERTIFICATE HOLDER | CANCELLATION | | |
|---------------------------------|--|--|--|
| Kilwins Chocolate Franchise 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. | | |
| 1050 Bay View Rd | AUTHORIZED REPRESENTATIVE | | |
| Petoskey MI 49770 | Kristen Jenks | | |

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