| ACORD |  |
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/1/2020

| THIS CERTIFICATE IS ISSUED AS A<br>CERTIFICATE DOES NOT AFFIRMAT<br>BELOW. THIS CERTIFICATE OF IN<br>REPRESENTATIVE OR PRODUCER, A  | IVELY            | ' OR<br>NCE       | NEGATIVELY AMEND,<br>DOES NOT CONSTITU | EXTEN           | D OR ALT   | ER THE CO                  | VERAGE AFFORDED BY TH                           | IE POLICIES |  |
|---|------------------|-------------------|--|-----------------|--|----------------------------|---|-------------|--|
| IMPORTANT: If the certificate holder<br>If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights   | t to th          | e ter             | ms and conditions of th                | ne polic        | y, certain p   | olicies may                |   |             |  |
| PRODUCER  |                  |                   |  | CONTAC<br>NAME: | ст   |                            |   |             |  |
| Olivier-VanDyk Insurance Agency<br>2780 44th Street SW  |                  |                   |  |                 | PHONE<br>(A/C, No, Ext): 616-454-0800 FAX<br>(A/C, No): 616-454-7100   |                            |   |             |  |
|   |                  |                   |  |                 | E-MAIL<br>ADDRESS: certificates@ovdinsurance.com   |                            |   |             |  |
|   |                  |                   |  |                 | INSURER(S) AFFORDING COVERAGE  |                            |   |             |  |
|   |                  |                   |  |                 | INSURER A : Accident Fund Company  |                            |   |             |  |
| merald Coast Confections Inc.   |                  |                   |  |                 | INSURER B :  |                            |   |             |  |
| 816 Bay Grove Rd  | 316 Bay Grove Rd |                   |  |                 |  |                            |   |             |  |
| Freeport FL 32439   |                  |                   |  |                 |  | INSURER D :                |   |             |  |
|   |                  |                   |  | INSURE          |  |                            |   |             |  |
| COVERAGES CE  | RTIFIC           | ATE               | NUMBER: 468057236                      | INSORE          | NT.  |                            | REVISION NUMBER:                                |             |  |
| THIS IS TO CERTIFY THAT THE POLICIE   | S OF IN          | NSUF              | ANCE LISTED BELOW HA                   |                 |  | THE INSURE                 | D NAMED ABOVE FOR THE PO                        |             |  |
| INDICATED. NOTWITHSTANDING ANY R<br>CERTIFICATE MAY BE ISSUED OR MAY<br>EXCLUSIONS AND CONDITIONS OF SUCH   | PERTA            | AIN, <sup>•</sup> | THE INSURANCE AFFORD                   | ED BY "         | THE POLICIE  | S DESCRIBED                | D HEREIN IS SUBJECT TO ALL                      |             |  |
| INSR<br>LTR TYPE OF INSURANCE   | ADDL S           |                   | POLICY NUMBER                          |                 | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |             |  |
| COMMERCIAL GENERAL LIABILITY  | I T              |                   |  |                 |  |                            | EACH OCCURRENCE \$                              |             |  |
| CLAIMS-MADE OCCUR   |                  |                   |  |                 |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ |             |  |
|   |                  |                   |  |                 |  |                            | MED EXP (Any one person) \$                     |             |  |
|   |                  |                   |  |                 |  |                            | PERSONAL & ADV INJURY \$                        |             |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |                  |                   |  |                 |  |                            | GENERAL AGGREGATE \$                            |             |  |
|   |                  |                   |  |                 |  |                            | PRODUCTS - COMP/OP AGG \$                       |             |  |
|   |                  |                   |  |                 |  |                            | \$<br>COMBINED SINGLE LIMIT \$                  |             |  |
| AUTOMOBILE LIABILITY  |                  |                   |  |                 |  |                            | (Ea accident) \$ BODILY INJURY (Per person) \$  |             |  |
| OWNED SCHEDULED   |                  |                   |  |                 |  |                            | BODILY INJURY (Per accident) \$                 |             |  |
| AUTOS ONLY AUTOS<br>HIRED NON-OWNED   |                  |                   |  |                 |  |                            | PROPERTY DAMAGE ¢                               |             |  |
| AUTOS ONLY AUTOS ONLY   |                  |                   |  |                 |  |                            | (Per accident)                                  |             |  |
| UMBRELLA LIAB OCCUR   |                  |                   |  |                 |  |                            | EACH OCCURRENCE \$                              |             |  |
| EXCESS LIAB CLAIMS-MAD  | =                |                   |  |                 |  |                            | AGGREGATE \$                                    |             |  |
| DED RETENTION \$  |                  |                   |  |                 |  |                            | \$  |             |  |
| A WORKERS COMPENSATION  |                  | Y                 | WCV6152204                             |                 | 10/20/2020   | 10/20/2021                 | X PER OTH-<br>STATUTE ER                        |             |  |
| AND EMPLOYERS' LIABILITY Y/N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE   | 1                |                   |  |                 |  |                            |   | 00,000      |  |
| OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)   | N/A              |                   |  |                 |  |                            | E.L. DISEASE - EA EMPLOYEE \$1,0                | 00,000      |  |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                  |                   |  |                 |  |                            | E.L. DISEASE - POLICY LIMIT \$1,0               | 00,000      |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>821 Pier Park Dr, Panama City Beach, FL 32413 |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 |  |                            |   |             |  |
|   |                  |                   |  |                 | <b></b>  |                            |   |             |  |
| CERTIFICATE HOLDER  |                  |                   |  |                 | ELLATION   |                            |   |             |  |
| Kilwins Chocolates Franchise Inc.<br>Kilwins Quality Confections Inc.<br>1050 Bay View Rd<br>Petoskey MI 49770  |                  |                   |  |                 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |             |  |
|   |                  |                   |  |                 | AUTHORIZED REPRESENTATIVE<br>BeckyHart   |                            |   |             |  |

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