

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/05/2022

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).                          |  |       |                                  |           |   |                            |  |                     |                |                                |
| PRODUCER   |  |       |                                  |           | CONTACT Certificates  |                            |  |                     |                |                                |
| Purmort and Martin Insurance Agency LLC  |  |       |                                  |           | NAME:       PHONE     (941) 366-7070     FAX     (941) 953-4901       (A/C, No, Ext):     (A/C, No):     (941) 953-4901 |                            |  |                     |                |                                |
| 2301 Ringling Boulevard  |  |       |                                  |           | ADDRESS:  |                            |  |                     |                |                                |
|  |  |       |                                  |           | INSURER(S) AFFORDING COVERAGE NAIC  |                            |  |                     |                |                                |
| Sarasota FL 34237  |  |       |                                  |           | Nooker A.   |                            |  |                     |                |                                |
| INSURED<br>Southern Possessions, DBA: Kilwins  |  |       |                                  |           | <b>ND</b> .   |                            |  |                     | 40231<br>13145 |                                |
| 1471 Northgate Blvd  |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           | INSURER D :   |                            |  |                     |                |                                |
| Sarasota FL 34234  |  |       |                                  |           |   |                            |  |                     |                |                                |
| Salasola FL 34234 INSURER F :   COVERAGES CERTIFICATE NUMBER: CL2211126476 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,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.   |  |       |                                  |           |   |                            |  |                     |                |                                |
| INSR TYPE OF INSURANCE   | ADDL   |       |                                  | INEDOO    | POLICY EFF  | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                 |                     |                |                                |
|  | INSD   | WVD   | POLICI NUMBER                    |           | (MM/DD/YYYY)  | (ויוויוי)                  |  | s 1,000             | 0,000          |                                |
|  |  |       |                                  |           |   |                            | DAMAGE TO RENTED                       | Ψ<br>               |                |                                |
|  |  |       |                                  |           |   |                            |  | \$ 10,000           |                |                                |
| A  |  |       | BPG94564                         |           | 02/13/2022  | 02/13/2023                 | ( ) = 1 = ,                            | \$ 1,000,000        |                |                                |
| GEN'L AGGREGATE LIMIT APPLIES PER:   | •  |       |                                  |           |   |                            |  | \$ 2,000,000        |                |                                |
|  |  |       |                                  |           |   |                            |  | 2 000 000           |                |                                |
| OTHER:   |  |       |                                  |           |   |                            |  | \$ 10,000           |                |                                |
|  |  |       |                                  |           |   |                            | COMBINED SINGLE LIMIT<br>(Ea accident) | IT \$ 1,000,000     |                |                                |
| ANY AUTO   |  |       |                                  |           |   |                            | · · · · · · · · · · · · · · · · · · ·  |                     |                |                                |
| A OWNED AUTOS ONLY AUTOS<br>HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY   |  | Y     | BPG94564                         |           | 02/13/2022  | 02/13/2023                 | BODILY INJURY (Per accident)           | dent) \$            |                |                                |
|  |  |       |                                  |           |   |                            | PROPERTY DAMAGE<br>(Per accident)      | \$                  |                |                                |
|  |  |       |                                  |           |   |                            |  | \$                  |                |                                |
|  |  |       |                                  |           |   |                            | EACH OCCURRENCE                        | \$ 2,000,000        |                |                                |
| B EXCESS LIAB CLAIMS-MAD   | Y  |       | CUG94564                         |           | 02/13/2022  | 02/13/2023                 | AGGREGATE                              | \$ 2,000            | 0,000          |                                |
| DED X RETENTION \$ 10,000  |  |       |                                  |           |   |                            |  | \$                  |                |                                |
| WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |  |       |                                  | 01/2      | 01/20/2022  | 01/20/2023                 | PER<br>STATUTE X OTH-<br>ER            |                     |                |                                |
|  |  |       | Z137429802                       |           |   |                            |  | 1 000 000           |                |                                |
| (Mandatory in NH)  |  |       | 2137423002                       |           |   |                            |  |                     |                |                                |
| If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |  |       |                                  |           |   |                            | E.L. DISEASE - POLICY LIMIT            | <sub>\$</sub> 1,000 | 0,000          |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC  | .ES (AC  | ORD 1 | 01, Additional Remarks Schedule, | may be at | tached if more s  | bace is required)          |  |                     |                |                                |
| Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc. are Listed as Additional Insured on Primary and Non-Contributory Basis With<br>Respect to General Liability, Auto Liability and Umbrella. Waiver of Subrogation With Regards to Workers' Compensation/Employers Liability, General  |  |       |                                  |           |   |                            |  |                     |                |                                |
| Liability, Auto Liability and Umbrella in favor of   |  |       |                                  |           |   |                            |  |                     |                |                                |
| Notice of Cancellation   |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                |                                |
| CERTIFICATE HOLDER   |  |       |                                  | CANC      | ELLATION  |                            |  |                     |                |                                |
|  | 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. |       |                                  |           |   |                            |  |                     |                |                                |
| Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc.<br>1050 Bay View Road   |  |       |                                  |           | AUTHORIZED REPRESENTATIVE   |                            |  |                     |                |                                |
|  |  |       |                                  |           |   |                            |  |                     |                | Potoskov MI 19770 Pozanne_duny |
| Petoskey MI 49770  |  |       |                                  |           |   |                            |  |                     |                |                                |
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