

DATE (MW/DD/YYYY)

EVIDENCE OF PR	SPERIT MOU	RANCE	ŀ	7/20/2017
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MA ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES N COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENC ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUC	OT AFFIRMATIVELY OR E OF INSURANCE DOES	NEGATIVELY AMI	FERS NO RIGH	TS UPON THE
AGENCY PHONE (A/C, No. Ext): (941) 366-7070	COMPANY			
Purmort and Martin Insurance Agency LLC	Old Dominion I	ns. Co.		
2301 Ringling Boulevard	4601 Touchton		2200	
	P O Box 16100	MG E BULLE C	3300	
Sarasota FL 34237		777 200		
	Jacksonville	FL 322	245-6100	
	_			
CODE: 090159003 SUB CODE: 090159				
AGENCY CUSTOMER ID #: 00023390				
INSURED	LOAN NUMBER		POLICY NUMBER	
SOUTHERN POSSESSIONS INC	•		BPG94564	
DBA KILWINS OF ST ARMANDS	EFFECTIVE DATE	EXPIRATION DATE	2017111	
1471 NORTHGATE BOULEVARD	2/13/2017	2/13/2018	CONTINU	ED UNTIL TED IF CHECKED
SARASOTA FL 34234	THIS REPLACES PRIOR EVIDE			
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
Loc# 00001/Bldg# 00001 312 JOHN RINGLING BLVD SARASOTA, FL 34236 See Attached Overflow Pages				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERT. SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	ANY CONTRACT OR OTHI AIN, THE INSURANCE AFF	ER DOCUMENT W	ITH RESPECT TO	O WHICH THIS
COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS		440		
Building, Replacement Cost, Special form		AMUL	UNTOFINSURANCE	DEDUCTIBLE
Personal Property, Special form			175,000	2,500
	• • • •		230,000	2,500
Spoilage, Replacement Cost, Spoilage of Perish			10,000	250
Off Premises Power Failure, Off Premise Power			10,000	2,500
Monies and Securities on Premises, Money & Secu		ses	5,000	250
Burglary and Robbery (Money), Money & Securities			5,000	250
Business Interruption (Old Plan), Actual Loss :	Sustained, Specia	al form	•	
Windstorm & hail excluded, Windstorm	· =			
Business Income and Extra Expense			12 Mos	
30 Day Notice of Cancellation			12 1105	
REMARKS (Including Special Conditions)				
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE EXI	PIRATION DATE	THEREOF, NOTIO	CE WILL BE
ADDITIONAL INTEREST				
joshv@ovdinsurance.com	MORTGAGEE	ADDITIONAL INSURED)	
Kilwins Chocolate Franchise Inc	X LOSS PAYEE			
& Kilwins Quality Confections Inc	LOAN#			
1050 Bay View Road				
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE			
		Qu.	emme_	P
	Roxanne Sima/MIREY			مريز وموم مصريب

			ADD	DITIONAL COVE	RAG	ES			
Ref#	.1	471 NORTHGATE	BOULEVARD, Bus	siness Personal Property		Coverage Code SPC	Form No.	Edition Date	
Limit 1 260,00		Limit 2	ctible Type	Premium					
Ref#	I coverage code I folm No. I Edition Date								
Limit 1		Limit 2	Limit 3	Deductible Amount 5		ctible Type Percent	Premium		
Ref#	Descriptio	ın				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Descriptio	o n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium		
Ref#	Description	1				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium		
Ref#	Description)				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	ible Type	Premium		
Ref#	Description	1				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deducti	ible Type	Premlum		
OFADTL	.cv					c	Copyright 2001, A	MS Services, Inc.	



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/26/2017

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 this certificate is	being prepared for a party who has an insu	rable interest in the property, do not use this form. Use ACORD 2	7 or ACORD 28.				
PRODUCER		CONTACT Certificates					
Purmort and Mart	in Insurance Agency LLC	PHONE					
2301 Ringling Bo	oulevard	(A/C, No, Ext): (A/C, No):					
-		E-MAIL ADDRESS: patti@purmort.com					
Sarasota	FL 34237	PRODUCER 00023390					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED Southern Possess	sions Inc DBA	INSURER A:Old Dominion Ins. Co.	40231				
KILWINS OF ST AR	WANTO O	INSURER B:					
*		INSURER C:					
1471 NORTHGATE E	OULEVARD						
SARASOTA	FL 34234	INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE MI IMPER-201	7-18 Property DEMOION NUMBER					

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 312 JOHN RINGLING BLVD SARASOTA FL 34236

See Attached Overflow Pages

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.

INSR LTR	TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		LIMITS
Α		EARTHQUAKE	DEDUCTIBLES BUILDING 2,500 CONTENTS Excluded	BPG94564	2/13/2017	2/13/2018	X BUILDING X PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP X Business Interruption	\$ 175,000 \$ 230,000 \$ \$ \$ \$ \$ \$ \$ \$ \$
	CAL	INLAND MARINE ISES OF LOSS NAMED PERILS		TYPE OF POLICY POLICY NUMBER				\$ \$
	ТҮР	CRIME E OF POLICY BOILER & MACH						\$ \$ \$ \$ \$
SPEC	161 (Hach ACORD 101 Additional Remarks Schadule				\$ \$ \$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Kilwins Chocolate Franchise & Kilwins Quality Confections Inc, Inc. Their Affiliates, Directors, Agents And Employees Are Named as Additional Insured. 45 day Notice For Material Misrepresentative or Non Renewal 10 Day Notice for Non Payment Per Florida Statute.

CERTIFICATE HOLDER	į
--------------------	---

joshv@ovdinsurance.com

Kilwins Chocolates Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey, MI 49770

CANCELLATION

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

Roxanne Sima/CHERYC

Ovanne	_clans	•

			ADD	ITIONAL COVE	ERAG	ES		
Ref#	Description 00001,14		BOULEVARD ,Pers	sonal Property		Coverage Code SPC	Form No.	Edition Date
Limit 1 260,00		Limit 2	Limit 3	Deductible Amount 2,500	Dedu	actible Type	Premium	
Ref#			BOULEVARD,Perso	onal Property,260,000		Coverage Code WNDST	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount 5		ictible Type Percent	Premium	
Ref #	Description	л 		-		Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedur	ctible Type	Premium	
Ref#	Descriptio	ın				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref#	Descriptio	'n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type		
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref#	Description	n		A		Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
Ref#	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	tible Type	Premium	
OFADTL	LCV				<u> </u>	С	Copyright 2001,	AMS Services, Inc.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/20/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE	T AFFIRMATIVELY OR OF INSURANCE DOES	NEGATIVELY AND NOT CONSTITUT	MEND, EXTEND O	R ALTER THE
AGENCY PHONE (A/C, No, Ext): (941) 366-7070	COMPANY			
Purmort and Martin Insurance Agency LLC	Frontline Ins	Unlimited C	o	
2301 Ringling Boulevard	PO Box 958405		١,	
Sarasota FL 34237	Lake Mary	FL 32	795-8405	
FAX (A/C, No): (941) 953-4901 E-MAIL ADDRESS: Roxanne@purmort.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00023390				
INSURED	LOAN NUMBER		POLICY NUMBER	
Southern Possessions Inc,			FIW0106208	
DBA Kilwins of St Armands	EFFECTIVE DATE	EXPIRATION DAT	CONTINU	ED UNTIL
1471 Northgate Blvd	5/15/2017	5/15/2018	3 TERMINA	TED IF CHECKED
Sarasota FL 34234	THIS REPLACES PRIOR EVIC	DENCE DATED:		
PROPERTY INFORMATION				
PROPERTY INFORMATION LOCATION/DESCRIPTION				
Loc# 00001/Bldg# 00001 312 John Ringling Blvd Sarasota, FL 34236				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH F	IY CONTRACT OR OTH N. THE INSURANCE AF	IER DOCUMENT I	WITH RESPECT T POLICIES DESCRI	O WHICH THIS
COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS	***************************************	AM	OUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property, Replacement Cost, W.	indstorm		500,000	
Wind/Hail Deductible, Wind Hail Deductible	indstorm	į	500,000	38
,	indstorm		500,000	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm	indstorm		·	38
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions)		(PIRATION DATE	500,000	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL		(PIRATION DATE	500,000	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com	LED BEFORE THE EX	(PIRATION DATE	THEREOF, NOTE	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc	LED BEFORE THE EX		THEREOF, NOTE	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc	LED BEFORE THE EX		THEREOF, NOTE	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey MT 49770	LED BEFORE THE EX MORTGAGEE X LOSS PAYEE LOAN#	ADDITIONAL INSUR	THEREOF, NOTE	
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey MT 49770	LED BEFORE THE EX	ADDITIONAL INSUR	THEREOF, NOTE	CE WILL BE
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey, MI 49770	LED BEFORE THE EX MORTGAGEE X LOSS PAYEE LOAN # AUTHORIZED REPRESENTATIV	ADDITIONAL INSUR	THEREOF, NOTE	CE WILL BE
Wind/Hail Deductible, Wind Hail Deductible BI w/ Extra Expense, Windstorm REMARKS (Including Special Conditions) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ADDITIONAL INTEREST joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey, MI 49770	LED BEFORE THE EX MORTGAGEE X LOSS PAYEE LOAN#	ADDITIONAL INSUR	THEREOF, NOTE	CE WILL BE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 8/2/2017

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.

				ER, AND THE CERTIFICATE HOLDE				- IOOOMO INOOKE					
	lf th	is certificate	is being prepar	red for a party who has an insurable	interest in the pr	perty, do not us	e th	is form. Use ACORI	D 27 or	ACORD 28.			
	DUC		rtin Incur	ance Agency LLC	CONTACT Cer	CONTACT Certificate							
			Boulevard	ance Agency and	(A/C, No, Ext):	PHONE FAX (A/C, No, Ext): (A/C, No):							
					ADDRESS: Pat	ti@purmort.c	om						
Sarasota FL 34237					PRODUCER CUSTOMER ID:	00023390							
						INSURER(S) AFFO	RDII	NG COVERAGE		NAIC#			
	JRED 1th		ssions Inc,	DBA:	INSURER A : E'r	ontline Ins	Un.	limited Co		10074			
		ns of St	-		INSURER B :								
14	71	Northgate	Blvd		INSURER C:								
Sa	ras	ota	FL	34234	INSURER D:								
					INSURER E :								
00	VEE	RAGES		CERTIFICATE MUMPER 2017 1	INSURER F:								
			DESCRIPTION OF P	CERTIFICATE NUMBER: 2017-1 ROPERTY (Attach ACORD 101, Additional Rem			RE	VISION NUMBER:					
To:	HIS I	00001 Bld IS TO CERTIF ATED. NOTWI	g# 00001: 3 Y THAT THE POLITHSTANDING AN	12 John Ringling Blvd Sar LICIES OF INSURANCE LISTED BELOW MY REQUIREMENT, TERM OR CONDIT MAY PERTAIN, THE INSURANCE AFF SUCH POLICIES. LIMITS SHOWN MAY H	V HAVE BEEN ISSUE	ED TO THE INSURI	DO	つけんげんけつ ひんかいし ローヘロド	'AT TA	MARIOUS TIME			
INSR LTR		TYPE OF IN		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	1	COVERED PROPERTY	T	LIMITS			
	х	PROPERTY				DATE (MANDOITTT)		BUILDING	<u> </u>				
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$				
		BASIC	BUILDING				х	-1	\$				
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$	500,000			
A		SPECIAL	1	FIW0106208	5/15/2017	5/15/2018	H	RENTAL VALUE	\$				
		EARTHQUAKE						BLANKET BUILDING	\$				
	Х	WIND	3%					BLANKET PERS PROP	\$	1000			
		FLOOD						BLANKET BLDG & PP	\$				
									\$				
							Х	Business Personal	s	500,000			
		INLAND MARINE	:	TYPE OF POLICY					\$				
	CAU	ISES OF LOSS		***************************************	_	[\$				
		NAMED PERILS		POLICY NUMBER		ļ			\$				
		Apur							\$				
		CRIME							\$				
	TYP	E OF POLICY				}			\$	·			
	i	BOILER & MACH	IINERY /						\$				
ł		EQUIPMENT BRI				}			\$				
									\$				
						}			\$				
SPEC	AL C	ONDITIONS / OTI	HER COVERAGES (A	Attach ACORD 101, Additional Remarks Schedul	e. If more space is requir				\$				
			·	and the second s	e, ii more space is requir	eaj							
SER	TIF	CATE HOLD	ER		CANCELLATI	ON							
•					THE EXPIRA	OF THE ABOVE DE	REC	RIBED POLICIES BE CAPP, NOTICE WILL BROVISIONS.	NCELLI E DEL	ED BEFORE IVERED IN			
					AUTHORIZED REP	RESENTATIVE							

Roxanne Sima/CHERYC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/26/2017

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 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).

	i nea of sach endorsement(s).							
PRODUCER		CONTACT Patti Jackson	CONTACT Patti Jackson					
Purmort and Mar	tin Insurance Agency LLC): (941) 953-4901					
2301 Ringling E	Boulevard	E-MAIL ADDRESS: Patti@purmort.com	,					
		INSURER(S) AFFORDING COVERAGE	NAIC#					
Sarasota	FL 34237	INSURER A: Old Dominion Ins. Co.	40231					
INSURED		INSURER B: FCCI Insurance Company	10178					
SOUTHERN POSSES	SSIONS INC	INSURER C:						
DBA KILWINS OF		INSURER D:						
1471 NORTHGATE	BOULEVARD	INSURER E:						
SARASOTA	FL 34234	INSURER F:						
COVERAGES	CERTIFICATE MIMBER:20	017-18 Tiablity DEVICIONARIEDED A	1 4					

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.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	rs	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 500,000
		x		BPG94564	2/13/2017	2/13/2018	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
ļ	OTHER:				<u> </u>			\$	
l	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO SCHEDULED			B1G94563	2/27/2017	2/27/2018	BODILY INJURY (Per person)	\$	
i	AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Med Pay	\$	5,000
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED X RETENTION\$ 10,000			CUG94564	1/10/2017	1/10/2018		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	-	
1 - 1	OFFICER/MEMBER EXCLUDED?	N/A				ļ	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH)		Y	001WC17A45058	1/20/2017	1/20/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
-	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		ĺ	ĺ						
			,						

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

Kilwins Chocolates Franchise Inc & Kilwins 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 Workers' compensation/Employers Liability, General Liability, Auto Liability and Umbrella in favor of Kilwins Chocholates Franchise, Inc & Kilwins Quality Confections Inc. Umbrella is follow form. 30 Day Notice of Cancellation

CERTIFICATE HOLDER	CANCELLATION
joshv@ovdinsurance.com 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
	Roxanne Sima/MIREYA