



# EVIDENCE OF PROPERTY INSURANCE

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

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|   |                                     |                                      |  |  |
|---|-------------------------------------|--------------------------------------|--|--|
| AGENCY<br>Purmort and Martin Insurance Agency LLC<br>2301 Ringling Boulevard<br>Sarasota FL 34237                 |                                     | PHONE (A/C, No, Ext): (941) 366-7070 | COMPANY<br>Old Dominion Ins. Co.<br>4601 Touchton Rd E Suite 3300<br>P O Box 16100<br>Jacksonville FL 32245-6100 |  |
| FAX (A/C, No): (941) 953-4901   | E-MAIL ADDRESS: Roxanne@purmort.com |                                      |  |  |
| CODE: 090159003   | SUB CODE: 090159                    |                                      |  |  |
| AGENCY CUSTOMER ID #: 00023390  |                                     |                                      |  |  |
| INSURED<br>SOUTHERN POSSESSIONS INC<br>DBA KILWINS OF ST ARMANDS<br>1471 NORTHGATE BOULEVARD<br>SARASOTA FL 34234 |                                     | LOAN NUMBER                          | POLICY NUMBER<br>BPG94564  |  |
|   |                                     | EFFECTIVE DATE<br>2/13/2017          | EXPIRATION DATE<br>2/13/2018   | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:   |                                     |                                      |  |  |

### 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 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 EVIDENCE OF PROPERTY INSURANCE 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.

### COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS   | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Building, Replacement Cost, Special form                              | 175,000             | 2,500      |
| Personal Property, Special form                                       | 230,000             | 2,500      |
| Spoilage, Replacement Cost, Spoilage of Perishable Stock              | 10,000              | 250        |
| Off Premises Power Failure, Off Premise Power Failure                 | 10,000              | 2,500      |
| Monies and Securities on Premises, Money & Securities on Premises     | 5,000               | 250        |
| Burglary and Robbery (Money), Money & Securities Off Premises         | 5,000               | 250        |
| Business Interruption (Old Plan), Actual Loss Sustained, Special form |                     |            |
| Windstorm & hail excluded, Windstorm                                  |                     |            |
| Business Income and Extra Expense                                     | 12 Mos              |            |
| 30 Day Notice of Cancellation   |                     |            |

REMARKS (Including Special Conditions)

### 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.

### ADDITIONAL INTEREST

|  |                                     |            |                    |
|--|-------------------------------------|------------|--------------------|
| joshv@ovdinsurance.com<br>Kilwins Chocolate Franchise Inc<br>& Kilwins Quality Confections Inc<br>1050 Bay View Road<br>Petoskey, MI 49770 | <input type="checkbox"/>            | MORTGAGEE  | ADDITIONAL INSURED |
|  | <input checked="" type="checkbox"/> | LOSS PAYEE |                    |
| LOAN #   |                                     |            |                    |
| AUTHORIZED REPRESENTATIVE<br>Roxanne Sima/MIREYA <i>Roxanne Sima</i>   |                                     |            |                    |

## ADDITIONAL COVERAGES

|         |   |               |                   |                 |
|---------|---|---------------|-------------------|-----------------|
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
| 3       | 00001, 1471 NORTHGATE BOULEVARD, Business Personal Property | SPC           |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
| 260,000 |   |               | 2,500             |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
| 3       | 00001, 1471 NORTHGATE BOULEVARD, BPP WIND                   | WNDST         |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               | 5                 | Percent         |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |
| Ref #   | Description   | Coverage Code | Form No.          | Edition Date    |
|         |   |               |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
|         |   |               |                   |                 |
| Premium |   |               |                   |                 |



# 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 insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>Purmort and Martin Insurance Agency LLC<br>2301 Ringling Boulevard<br><br>Sarasota FL 34237           |  | <b>CONTACT NAME:</b> Certificates<br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> patti@purmort.com<br><b>PRODUCER CUSTOMER ID:</b> 00023390   |  |
| <b>INSURED</b><br>Southern Possessions Inc DBA<br>KILWINS OF ST ARMANDS<br>1471 NORTHGATE BOULEVARD<br>SARASOTA FL 34234 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Old Dominion Ins. Co. <b>NAIC #</b> 40231<br><b>INSURER B:</b> _____<br><b>INSURER C:</b> _____<br><b>INSURER D:</b> _____<br><b>INSURER E:</b> _____<br><b>INSURER F:</b> _____ |  |

**COVERAGES**                      **CERTIFICATE NUMBER:** 2017-18 Property                      **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                            | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY)                       | COVERED PROPERTY                             | LIMITS  |            |
|----------|--|-------------------|------------------------------------|---|--|---|------------|
| A        | <input checked="" type="checkbox"/> PROPERTY | BPG94564          | 2/13/2017                          | 2/13/2018   | <input checked="" type="checkbox"/> BUILDING | \$ 175,000  |            |
|          | CAUSES OF LOSS                               |                   |                                    |   | DEDUCTIBLES                                  | <input checked="" type="checkbox"/> PERSONAL PROPERTY | \$ 230,000 |
|          | BASIC  |                   |                                    |   | BUILDING                                     | BUSINESS INCOME                                       | \$         |
|          | BROAD  |                   |                                    |   | 2,500  | EXTRA EXPENSE   | \$         |
|          | <input checked="" type="checkbox"/> SPECIAL  |                   |                                    |   | CONTENTS                                     | RENTAL VALUE  | \$         |
|          | EARTHQUAKE                                   |                   |                                    |   |  | BLANKET BUILDING                                      | \$         |
|          | <input checked="" type="checkbox"/> WIND     |                   |                                    |   | Excluded                                     | BLANKET PERS PROP                                     | \$         |
|          | FLOOD  | BLANKET BLDG & PP | \$                                 |   |  |   |            |
|          |  |                   |                                    | <input checked="" type="checkbox"/> Business Interruption | \$ Included                                  |   |            |
|          | INLAND MARINE                                | TYPE OF POLICY    |                                    |   | \$   |   |            |
|          | CAUSES OF LOSS                               | POLICY NUMBER     |                                    |   | \$   |   |            |
|          | NAMED PERILS                                 |                   |                                    |   | \$   |   |            |
|          | CRIME  |                   |                                    |   | \$   |   |            |
|          | TYPE OF POLICY                               |                   |                                    |   | \$   |   |            |
|          | BOILER & MACHINERY / EQUIPMENT BREAKDOWN     |                   |                                    |   | \$   |   |            |
|          |  |                   |                                    |   | \$   |   |            |
|          |  |                   |                                    |   | \$   |   |            |

**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**

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

## ADDITIONAL COVERAGES

|         |   |               |                   |                 |
|---------|---|---------------|-------------------|-----------------|
| Ref #   | Description                                       | Coverage Code | Form No.          | Edition Date    |
| 3       | 00001,1471 NORTHGATE BOULEVARD ,Personal Property | SPC           |                   |                 |
| Limit 1 | Limit 2   | Limit 3       | Deductible Amount | Deductible Type |
| 260,000 |   |               | 2,500             |                 |

  

|         |  |               |                   |                 |
|---------|--|---------------|-------------------|-----------------|
| Ref #   | Description  | Coverage Code | Form No.          | Edition Date    |
| 3       | 00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000 | WNDST         |                   |                 |
| Limit 1 | Limit 2  | Limit 3       | Deductible Amount | Deductible Type |
|         |  |               | 5                 | Percent         |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |

  

|         |             |               |                   |                 |
|---------|-------------|---------------|-------------------|-----------------|
| Ref #   | Description | Coverage Code | Form No.          | Edition Date    |
|         |             |               |                   |                 |
| Limit 1 | Limit 2     | Limit 3       | Deductible Amount | Deductible Type |
|         |             |               |                   |                 |



# EVIDENCE OF PROPERTY INSURANCE

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

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|   |  |   |
|---|--|---|
| AGENCY<br>Purmort and Martin Insurance Agency LLC<br>2301 Ringling Boulevard<br>Sarasota FL 34237             | PHONE (A/C, No, Ext): (941) 366-7070                           | COMPANY<br>Frontline Ins Unlimited Co<br>PO Box 958405<br>Lake Mary FL 32795-8405 |
| FAX (A/C, No): (941) 953-4901   | E-MAIL ADDRESS: Roxanne@purmort.com                            |   |
| CODE: 00023390  | SUB CODE:  |   |
| AGENCY CUSTOMER ID#: 00023390   |  |   |
| INSURED<br>Southern Possessions Inc,<br>DBA Kilwins of St Armands<br>1471 Northgate Blvd<br>Sarasota FL 34234 | LOAN NUMBER  | POLICY NUMBER<br>FIW0106208   |
|   | EFFECTIVE DATE<br>5/15/2017                                    | EXPIRATION DATE<br>5/15/2018  |
|   | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |   |
| THIS REPLACES PRIOR EVIDENCE DATED:   |  |   |

## PROPERTY INFORMATION

|  |
|--|
| LOCATION/DESCRIPTION<br>Loc# 00001/Bldg# 00001<br>312 John Ringling Blvd<br>Sarasota, FL 34236 |
|--|

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

| COVERAGE / PERILS / FORMS   | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Business Personal Property, Replacement Cost, Windstorm<br>Wind/Hail Deductible, Wind Hail Deductible<br>BI w/ Extra Expense, Windstorm | 500,000             | 3%         |
|   | 500,000             |            |

## REMARKS (Including Special Conditions)

|  |
|--|
|  |
|--|

## 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.

## ADDITIONAL INTEREST

|  |  |   |
|--|--|---|
| joshv@ovdinsurance.com<br>Kilwins Chocolate Franchise Inc<br>& Kilwins Quality Confections Inc<br>1050 Bay View Road<br>Petoskey, MI 49770 | <input type="checkbox"/> MORTGAGEE             | <input type="checkbox"/> ADDITIONAL INSURED |
|  | <input checked="" type="checkbox"/> LOSS PAYEE |   |
| LOAN #   |  |   |
| AUTHORIZED REPRESENTATIVE<br>Roxanne Sima/MIREYA <i>Roxanne Sima</i>   |  |   |



# 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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

| <b>PRODUCER</b><br>Purmort and Martin Insurance Agency LLC<br>2301 Ringling Boulevard<br><br>Sarasota FL 34237        | <b>CONTACT NAME:</b> Certificate<br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> patti@purmort.com<br><b>PRODUCER CUSTOMER ID:</b> 00023390   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
|---|---|-------------------------------|--------|---------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Southern Possessions Inc, DBA:<br>Kilwins of St Armands<br>1471 Northgate Blvd<br>Sarasota FL 34234 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Frontline Ins Unlimited Co</td> <td style="text-align: center;">10074</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Frontline Ins Unlimited Co | 10074 | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Frontline Ins Unlimited Co   | 10074   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER B:  |   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER C:  |   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER D:  |   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER E:  |   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |
| INSURER F:  |   |                               |        |                                       |       |            |  |            |  |            |  |            |  |            |  |

**COVERAGES** **CERTIFICATE NUMBER:** 2017-18 Wind **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

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   | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY)                   | COVERED PROPERTY | LIMITS  |            |
|--------------------------------|---|-------------------|------------------------------------|---|------------------|---|------------|
| A                              | <input checked="" type="checkbox"/> PROPERTY                      | FIW0106208        | 5/15/2017                          | 5/15/2018   | BUILDING         | \$  |            |
|                                | CAUSES OF LOSS  |                   |                                    |   | DEDUCTIBLES      | PERSONAL PROPERTY                                   | \$         |
|                                | <input type="checkbox"/> BASIC                                    |                   |                                    |   | BUILDING         | <input checked="" type="checkbox"/> BUSINESS INCOME | \$ 500,000 |
|                                | <input type="checkbox"/> BROAD                                    |                   |                                    |   | CONTENTS         | EXTRA EXPENSE                                       | \$         |
|                                | <input type="checkbox"/> SPECIAL                                  |                   |                                    |   |                  | RENTAL VALUE  | \$         |
|                                | <input type="checkbox"/> EARTHQUAKE                               |                   |                                    |   |                  | BLANKET BUILDING                                    | \$         |
|                                | <input checked="" type="checkbox"/> WIND                          |                   |                                    |   | 3%               | BLANKET PERS PROP                                   | \$         |
| <input type="checkbox"/> FLOOD |   | BLANKET BLDG & PP | \$                                 |   |                  |   |            |
|                                |   |                   |                                    | <input checked="" type="checkbox"/> Business Personal | \$ 500,000       |   |            |
|                                | INLAND MARINE   | TYPE OF POLICY    |                                    |   | \$               |   |            |
|                                | CAUSES OF LOSS  | POLICY NUMBER     |                                    |   | \$               |   |            |
|                                | <input type="checkbox"/> NAMED PERILS                             |                   |                                    |   | \$               |   |            |
|                                | <input type="checkbox"/> CRIME                                    |                   |                                    |   | \$               |   |            |
|                                | TYPE OF POLICY  |                   |                                    |   | \$               |   |            |
|                                | <input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN |                   |                                    |   | \$               |   |            |
|                                |   |                   |                                    |   | \$               |   |            |
|                                |   |                   |                                    |   | \$               |   |            |
|                                |   |                   |                                    |   | \$               |   |            |
|                                |   |                   |                                    |   | \$               |   |            |

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><div style="text-align: right;"> <br/>                     Roxanne Sima/CHERYC                 </div> |
|---------------------------|--|



# 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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Purmort and Martin Insurance Agency LLC<br>2301 Ringling Boulevard<br><br>Sarasota FL 34237           |  | <b>CONTACT NAME:</b> Patti Jackson<br><b>PHONE (A/C, No, Ext):</b> (941) 366-7070<br><b>E-MAIL ADDRESS:</b> Patti@purmort.com<br><b>FAX (A/C, No):</b> (941) 953-4901                           |  |
| <b>INSURED</b><br>SOUTHERN POSSESSIONS INC<br>DBA KILWINS OF ST ARMANDS<br>1471 NORTHGATE BOULEVARD<br>SARASOTA FL 34234 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Old Dominion Ins. Co. NAIC # 40231<br>INSURER B: FCCI Insurance Company NAIC # 10178<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |

**COVERAGES** CERTIFICATE NUMBER: 2017-18 Liability REVISION NUMBER: # 1

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | BPG94564      | 2/13/2017               | 2/13/2018               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |          | BIG94563      | 2/27/2017               | 2/27/2018               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Med Pay \$ 5,000  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | CUG94564      | 1/10/2017               | 1/10/2018               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 001WC17A45058 | 1/20/2017               | 1/20/2018               | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |

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

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br>joshv@ovdinsurance.com<br><br>Kilwins Chocolates Franchise Inc<br>& Kilwins Quality Confections Inc<br>1050 Bay View Road<br>Petoskey, MI 49770 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Roxanne Sima/MIREYA <i>Roxanne Sima</i> |
|--|---|

© 1988-2014 ACORD CORPORATION. All rights reserved.