



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2024

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.

<b>PRODUCER</b> Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard  Sarasota FL 34237	<b>CONTACT NAME:</b> Joy Koske <b>PHONE (A/C, No, Ext):</b> (941) 366-7070 <b>FAX (A/C, No):</b> (941) 953-4901 <b>E-MAIL ADDRESS:</b> joy@purmort.com <b>PRODUCER CUSTOMER ID:</b> 00031971														
<b>INSURED</b> KILWINS OF ST ARMANDS 1471 NORTHGATE BLVD  SARASOTA FL 34234-4700	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Main Street America Protection Ins Co</td><td>13026</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: Main Street America Protection Ins Co	13026	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: 24-25 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	02/13/2024	02/13/2025	BUILDING	\$
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 405,000
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 mos
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Special form				<input checked="" type="checkbox"/> US DD Bldg	\$ 10,000
	<input checked="" type="checkbox"/> Special form				<input checked="" type="checkbox"/> Utility Services-Time	\$ 5,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
						\$
						\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, Inc.  
1050 Bay View Road

Petoskey

MI 49770

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

*Alexanne Linn*

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## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001,312 JOHN RINGLING BLVD,Personal Property,405,000	SINK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$177.00
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001,312 JOHN RINGLING BLVD,Building/Property Ut,	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001,312 JOHN RINGLING BLVD,Utility Services Dir,10,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000				Premium
				\$16.00
Ref #	Description	Coverage Code	Form No.	Edition Date
1	00001,312 JOHN RINGLING BLVD,Windstorm & hail exc,	WINDX		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$114.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000	HURR		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$139.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000	SINK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$144.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
260,000			2,500	Flat
				Premium
				\$3,489.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Personal Property,260,000	BPP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			2,500	Flat
				Premium
				\$2,829.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,BI w/ Extra Expense,12 mos	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
12 mos			72	Hours
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001,1471 NORTHGATE BOULEVARD,Wind/Hail Deductible,	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
				Premium

## ADDITIONAL COVERAGES

<b>Ref #</b> 3	<b>Description</b> 00001,312 JOHN RINGLING BLVD,Personal Property,5,000				<b>Coverage Code</b> BPP	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 2,500	<b>Deductible Type</b> Flat	<b>Premium</b> \$83.00		
<b>Ref #</b> 3	<b>Description</b> 00001,312 JOHN RINGLING BLVD,Personal Property,5,000				<b>Coverage Code</b> SPC	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 5,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 2,500	<b>Deductible Type</b>	<b>Premium</b> \$10.00		
<b>Ref #</b> 3	<b>Description</b> 00001,312 JOHN RINGLING BLVD,Personal Property,5,000				<b>Coverage Code</b> SINK	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$3.00		
<b>Ref #</b> 3	<b>Description</b> 00001,312 JOHN RINGLING BLVD,BI w/ Extra Expense,12 mos				<b>Coverage Code</b> SPC	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b> 12 mos	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 72	<b>Deductible Type</b> Hours	<b>Premium</b>		
<b>Ref #</b> 3	<b>Description</b> 00001,312 JOHN RINGLING BLVD,Windstorm & hail exc,				<b>Coverage Code</b> WINDX	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		
<b>Ref #</b>	<b>Description</b>				<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>		