



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2026

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Olivier VanDyk Insurance Agency, Inc. 37 Ottawa Ave NW, Suite 400 Grand Rapids MI 49503	CONTACT NAME: PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100					
	E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Allmerica Fin Benefit Ins Co 41840					
	INSURER B: Massachusetts Bay Ins Co 22306					
	INSURER C: INSURER D: INSURER E: INSURER F:					
INSURED Bissell Holdings, LLC PO Box 289 Frankfort MI 49635 BISSHOL-01						

COVERAGES

CERTIFICATE NUMBER: 1197409261

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, 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								
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/NonContr GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ODID491300	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 1,000,000								
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000								
							MED EXP (Any one person) \$ 10,000								
							PERSONAL & ADV INJURY \$ 1,000,000								
							GENERAL AGGREGATE \$ 2,000,000								
							PRODUCTS - COMP/OP AGG \$ 2,000,000								
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ODID491300	2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000								
							BODILY INJURY (Per person) \$								
							BODILY INJURY (Per accident) \$								
							PROPERTY DAMAGE (Per accident) \$								
							\$								
							\$								
B	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	X	Y	ODID491300	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 1,000,000								
							AGGREGATE \$ 1,000,000								
							\$								
							A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	Y	W2ID491296	2/1/2026	2/1/2027	PER STATUTE	OTHR-
														E.L. EACH ACCIDENT \$ 1,000,000	
														E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
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)
413 Main St, Frankfort, MI 49635
30 day notice of cancellation

CERTIFICATE HOLDER

CANCELLATION

Kilwins Chocolates Franchise Inc.
Kilwins Quality Confections Inc.
1050 Bay View Rd
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

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