



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/07/2025

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> Leavitt Group Midwest 303 North 21st Street  Newark OH 43055	<b>CONTACT NAME:</b> Matt McDermott-Rep <b>PHONE (A/C, No, Ext):</b> (740) 345-9574 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b> 00062530
<b>INSURED</b> Rock Candy PO Box 20265  Columbus OH 43220-0265	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Nationwide Ins Co of Florida <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 10948

## COVERAGES

CERTIFICATE NUMBER: 25-26 Master

REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 4549 Bridge Park Ave Dublin OH 430172182  
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		ACBPB013088366228	07/24/2025	07/24/2026	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 470,600
	<input type="checkbox"/> BASIC	BUILDING				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Month ALS
	<input type="checkbox"/> BROAD					<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 Month ALS
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS 2,500				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Backup	2,500				<input checked="" type="checkbox"/> SewerDrain Backup	\$ 5,000
	<input checked="" type="checkbox"/> Food Spoil.	2,500				<input checked="" type="checkbox"/> Food Spoilage	\$ 10,000
	<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

KILWINS QUALITY CONFECTIONS  
1050 BAY VIEW RD

PETOSKEY

MI 49770-0000

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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