

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2022

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).

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PRODUCER						CONTACT NAME:					
Olivier-VanDyk Insurance Agency					PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100						
2780 44th Street SW Wyoming MI 49519					E-MAIL ADDRESS: certificates@ovdinsurance.com						
, ,						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Citizens Insurance Company				31534	
INSURED SWEECEN-01					INSURE	кв: The Hart	ford			22357	
Sweet Cents Investments, LLC 9903 Gulf Coast Main St. Ste 160					INSURER C:						
Fort Myers FL 33913					INSURER D:						
					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2099915656 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 TYPE OF WOUR AND			ADDL SUBR INSD WVD POLICY NUMBER		DELITI	POLICY EFF					
LTR B	LIK			81SBAAH0G7D		7/19/2022	7/19/2023	EACH OCCURRENCE	\$ 1.000	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,	
	CEANVISTIVIADE COCCUR							MED EXP (Any one person) \$10,000		,	
	X Primary/NonContr							PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:									\$		
B AUTOMOBILE LIABILITY			Υ	81SBAAH0G7D		7/19/2022	7/19/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$			
В	X UMBRELLA LIAB X OCCUR	Y	Y	81SBAAH0G7D		7/19/2022	7/19/2023	EACH OCCURRENCE	\$ 1,000	,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000	,000	
	DED X RETENTION \$ 10,000		.,	LAVOUR EGO 400		44404000	4/40/0000	V PER OTH-	\$		
Α	AND EMPLOYERS' LIABILITY Y/N		Y	W2ID566498		4/13/2022	4/13/2023	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	,	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,000		
	DÉSCRIPTION OF OPERATIONS below							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) 9903 Gulf Coast Main St, Ste 160, Fort Myers, FL 33913 30 day notice of cancellation											
<u> </u>	OFFITIELATE HOLDED										
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.					
						BUCKY HOUT					