

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/19/2025

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights to | | | | | | | require an endorsement | . A sta | atement on | |
|--|---|-----------------------|---------------------|---|--|--|---|--|------------------|----------------|--|
| PRODUCER | | | | | | CONTACT NAME: Patti Tysinger | | | | | |
| Tysinger Insurance & Risk Management Services Inc-Smart Choice | | | | | | PHONE 239-633-9701 FAX (A/C, No): | | | | | |
| 3236 Forum Blvd. #1380 Fort Myers, FL. 33905 | | | | | | E-MAIL ADDRESs: Patti@tysingerinsurance.com | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | | | INSURER A: SureChoice Underwriters Recripocal Exchange | | | | NAIC# 17030 | |
| INSURED | | | | | INSURER B: | | | | | | |
| Sweet Cents Investments, LLC | | | | | INSURER C: | | | | | | |
| 9903 Gulf Coast Main Street | | | | | INSURER D: | | | | | | |
| Suite 160 Fort Myers, FL. 33913 | | | | | INSURER E : | | | | | | |
| 1 of this of the control | | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | REVISION NUMBER: | | | | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT POLIC | REMENTAIN, TELES. I | NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE | OF ANY | CONTRACT THE POLICIE EDUCED BY POLICY EFF | OR OTHER I S DESCRIBEI PAID CLAIMS. POLICY EXP | DOCUMENT WITH RESPECT TO | CT TO \ CT ALL T | WHICH THIS | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | | | |
| Α | CLAIMS-MADE OCCUR | | | | | | | EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 | | | |
| | | | | FCRG36860600 | | 08/09/2025 | 08/09/2026 | MED EXP (Any one person) | \$ 5,000 | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ Included | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,00 | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 \$ | 0,000 | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| Α | ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | (Ea accident) BODILY INJURY (Per person) | \$ 1.000.000 | | |
| | | | | ECDC36960600 | | 08/09/2025 | N8/N9/2N26 | BODILY INJURY (Per accident) | , , | | |
| | HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY | × | FCRG36860600 | | | 00/09/2023 | 08/09/2020 | PROPERTY DAMAGE (Per accident) | \$ | | |
| | AUTOS ONLY | | | | | | | (i ei accident) | \$ | | |
| Α | WIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | FCRG36860600 | | 08/09/2025 | 08/09/2026 | EACH OCCURRENCE | \$ 1,00 | 0,000 | |
| | | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| DES | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| rb | lwins Chocolate Franchise, Inc and Kilvasis with regard to General Liability. Willwin's Quality Confecions, Inc. | | | | | | | | | nd | |
| <u> </u> | DIFFCATE LIQUES | | | | CANC | PANICE LATION | | | | | |
| CE | RTIFICATE HOLDER | | CANC | CANCELLATION | | | | | | | |
| GCTC Property LP 9903 Gulf Coast Street #120 Fort Myers, FL. 33913 | | | | | 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 | | | | | |