



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2023

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 Coastal Plains Insurance of the Lowcountry PO Box 1079 Bluffton SC 29910		CONTACT NAME: Amy Westby AIAM, QCLS PHONE (A/C, No, Ext): (843) 706-3006 FAX (A/C, No): (843) 706-3007 E-MAIL ADDRESS: amy.westby@assuredpartners.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Sentinel Insurance Company Ltd	NAIC # 11000
		INSURER B : Hartford Casualty Insurance Co	29424
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED Underwood Aquisitions, LLC 3652 Redfish Cir Mount Pleasant SC 29466			

COVERAGES**CERTIFICATE NUMBER:** 22/23 - 23/24**REVISION NUMBER:**

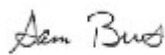
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			22SBMUL2566	11/19/2022	11/19/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COM/PO/AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			22SBMUL2566	11/19/2022	11/19/2023	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			22SBMUL2566	11/19/2022	11/19/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	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		22WECCT1693	05/01/2023	05/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$ 1,000,000
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	EMPLOYMENT PRACTICES LIABILITY			22SBMUL2566	11/19/2022	11/19/2023	Each Claim Limit	\$10,000
							Aggregate Limit	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Kilwins Chocolate Franchise, Inc. and Kilwins Quality Confections Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Workers Compensation, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolate Franchise Inc and Kilwins Quality Confections, Inc. Umbrella is follow form. 30 days notice of cancellation.

CERTIFICATE HOLDER**CANCELLATION**

Kilwins Chocolates Franchise, Inc. Kilwins 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 
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THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

May 26, 2023

UNDERWOOD AQUISITIONS, LLC
3652 REDFISH CIR
MOUNT PLEASANT SC 29466

Policy Information:

Policy Number:	22 WEC CT1693
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Contact Us

Visit <https://business.thehartford.com>

24/7 access to pay bills, view policy documents,
get your certificate of insurance and more.

Need Help? Chat online or call us at (866) 467-
8730. We're here Monday - Friday.



INSURANCE ENDORSEMENT ATTACHED

*** PLEASE REVIEW THE CHANGE ***

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes, Please contact us.

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

Sincerely,

Your Hartford Service Team



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGE IN INFORMATION PAGE

INSURER: Hartford Casualty Insurance Company

NCCI Company Number: 14397

Policy Effective Date: 05/01/23

Policy Number: 22 WEC CT1693

Effective Date: 05/01/23

Named Insured and Address:

Effective hour is the same as stated on the Information Page of the policy.

UNDERWOOD AQUISITIONS, LLC

3652 REDFISH CIR

MOUNT PLEASANT SC 29466

Audit Period: ANNUAL

Policy Expiration Date: 05/01/24

Endorsement Number: 1

FEIN Number: 47-2066347

Producer Name: COASTAL PLAINS OF THE LOW CTRY/PHS

Producer Code: 22290935

It is agreed that the policy is amended as follows:

This is NOT a bill. However, any changes in your premium will be reflected in your next billing statement. You will receive a separate bill from The Hartford. If you are enrolled in repetitive EFT draws from your bank account, changes in premium will change future draw amounts.

In consideration of an additional premium of \$250, it is agreed that:

Policy is amended to add the following condition(s):

Waiver of Our Right to Recover from Others Endorsement

Policy is amended to add the following Endorsement Forms reflecting the changes made to your policy.

WC990006A(.1P)

WC000313

WC990006A(.2)

Countersigned by

Suzan C. Castaneda

Authorized Representative

CHANGE IN INFORMATION PAGE (Continued)

Policy Number: 22 WEC CT1693

SCHEDULE

IT IS AGREED THAT THE POLICY IS AMENDED AS FOLLOWS:

CLASS CODE NUMBER AND DESCRIPTION	ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER 100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUMS
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SC

Total State Summary

Waiver charge	0.00	0.020000	250
South Carolina Total Cost			250



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 22 WEC CT1693

Endorsement Number: 1

Effective Date: 05/01/23

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: UNDERWOOD AQUISITIONS, LLC

3652 REDFISH CIR

MOUNT PLEASANT SC 29466

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

Any person or organization for whom you are required by contract or agreement to obtain this waiver from us. Endorsement is not applicable in KY, NH, NJ or for any MO construction risk

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 22 WEC CT1693

Endorsement Number: 1

Effective Date: 05/01/23 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: UNDERWOOD AQUISITIONS, LLC
3652 REDFISH CIR
MOUNT PLEASANT SC 29466

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

Kilwins Chocolates Franchise, Inc. Kilwins Quality Confections Inc., 1050 BAY VIEW RD, PETOSKEY, MI, 49770

Countersigned by _____
Authorized Representative