



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

April 2, 2024

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

Account Information:

| | |
|--------------------------------|-----------------------------------|
| Policy Holder Details : | UNDERWOOD AQUISITIONS, LLC |
|--------------------------------|-----------------------------------|



Contact Us

Need Help?

Chat online or call us at
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/02/2024

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 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 OF THE LOW CTRY/PHS 22290935 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251 | CONTACT NAME: PHONE (866) 467-8730 (A/C, No, Ext): | | FAX (A/C, No): |
| | E-MAIL ADDRESS: | | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC# |
| INSURED UNDERWOOD AQUISITIONS, LLC 3652 REDFISH CIR MOUNT PLEASANT SC 29466-9425 | INSURER A : Sentinel Insurance Company Ltd. | | 11000 |
| | INSURER B : Twin City Fire Insurance Company | | 29459 |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES**CERTIFICATE NUMBER:****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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYYY) | LIMITS | | |
|----------|--|---|---|---------------|-------------------------|---------------------------|--|--------------------------------|-------------|
| A | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability | | | 22 SBM UL2566 | 11/19/2023 | 11/19/2024 | 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 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | GENERAL AGGREGATE | \$4,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$4,000,000 | |
| A | AUTOMOBILE LIABILITY | | | 22 SBM UL2566 | 11/19/2023 | 11/19/2024 | COMBINED SINGLE LIMIT (Ea accident) | | \$2,000,000 |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | 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 | | | 22 SBM UL2566 | 11/19/2023 | 11/19/2024 | EACH OCCURRENCE | \$1,000,000 | |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | | 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 | | | 22 WEC CT1693 | 05/01/2024 | 05/01/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | | |
| | | | | | | | | 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 | | | 22 SBM UL2566 | 11/19/2023 | 11/19/2024 | 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)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

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

CANCELLATION

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

Susan L. Castaneda

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