



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

October 29, 2025

Kilwins Chocolate Franchise  
1050 BAY VIEW RD  
PETOSKEY MI 49770-9006

## Account Information:

Policy Holder Details :	Cloud 9 Confections, LLC
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## 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)  
10/29/2025

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 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).

<b>PRODUCER</b> THE PLEXUS GROUPE LLC/PHS 83552345 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251		<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (866) 467-8730 <b>(A/C, No, Ext):</b> <b>FAX</b> <b>(A/C, No):</b> <b>E-MAIL</b> <b>ADDRESS:</b>	
<b>INSURED</b> Cloud 9 Confections, LLC 16 W CAMPBELL ST ARLINGTON HEIGHTS IL 60005-1408		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Twin City Fire Insurance Company <b>INSURER B:</b> Hartford Underwriters Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC#</b> 29459 30104	

**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	COMMERCIAL GENERAL LIABILITY	X	X	83 SBA AB0201	05/01/2025	05/01/2026	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	General Liability						MED EXP (Any one person)	\$10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000	
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000	
A	AUTOMOBILE LIABILITY			83 SBA AB0201	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	X HIRED AUTOS						X NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB EXCESS LIAB	X		83 SBA AB0201	05/01/2025	05/01/2026	EACH OCCURRENCE	\$1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$1,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	83 WEC AC3X8Y	11/27/2025	11/27/2026	X PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	\$1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$1,000,000	
A	EMPLOYMENT PRACTICES LIABILITY			83 SBA AB0201	05/01/2025	05/01/2026	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. Please see Additional Remarks Schedule Acord 101 Form attached.

**CERTIFICATE HOLDER**

Kilwins Chocolate Franchise  
1050 BAY VIEW RD  
PETOSKEY MI 49770-9006

**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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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY THE PLEXUS GROUPE LLC/PHS		NAMED INSURED CLOUD 9 CONFECTIONS, LLC 16 W CAMPBELL ST ARLINGTON HEIGHTS IL 60005-1408	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Kilwins Chocolate Franchise is an additional insured per the Business Liability Coverage Form SS0008 and the Umbrella Liability Provisions Form SX8002, attached to this policy. Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy. Coverage is primary and noncontributory per the Business Liability Coverage Form SS0008, attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS0008, attached to this policy.