



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2025

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. 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 King Risk Partners, LLC 643 SW 4th Ave Suite 210 Gainesville FL 32601	CONTACT NAME: Malinda Torres Diaz PHONE (A/C, No, Ext): (888) 377-0420 E-MAIL ADDRESS: Malinda.torres@king-insurance.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Underwriters Insurance Co INSURER B: Sentinel Insurance Co LTD INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 30104 11000
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COVERAGES**CERTIFICATE NUMBER:** CL2551582588**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	21SBMAS4ET6	04/18/2025	04/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> 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	Y	Y	21SBMAS4ET6	04/18/2025	04/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y	Y	21SBMAS4ET6	04/18/2025	04/18/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> 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 Y	N/A	Y	21WECAS2E9A	04/18/2025	04/18/2026

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

Kilwins Chocolates Franchise, Inc.
Kilwin's Quality Confections, Inc.
Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are Additional Insured on a primary & Non-contributory basis on the General Liability, Auto & Umbrella. Waiver of Subrogation applies on the General Liability, Auto and Umbrella regarding the Workers Compensation in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. 30-day notice of cancellation will be given.

CERTIFICATE HOLDER**CANCELLATION**

Kilwins Chocolates Franchise, 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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ADDITIONAL COVERAGES

Ref #	Description				Coverage Code	Form No.	Edition Date
	Employment Practices Liability Insurance				EPLI		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
25,000	25,000						
Ref #	Description				Coverage Code	Form No.	Edition Date
	Additional Insured				ADDIN		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$7.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Umbrella Base Policy Premium				BASEP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$377.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Property damage-single limit				PD		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Bodily injury limit(s)				BI		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000							
Ref #	Description				Coverage Code	Form No.	Edition Date
	Products/Completed Ops Aggregate				PRDCO		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000							
Ref #	Description				Coverage Code	Form No.	Edition Date
	UMOLD				UMOLD		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Umbrella(C)				CUMBR		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000	1,000,000		10,000		\$441.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	General Aggregate				GENAG		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
1,000,000							
Ref #	Description				Coverage Code	Form No.	Edition Date
	Increased employer's liability				INEL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					\$91.00		
Ref #	Description				Coverage Code	Form No.	Edition Date
	Adjst. to reconcile-exp mod. premium				AREM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
					-\$418.00		

ADDITIONAL COVERAGES

Ref #	Description Additional Prem to Equal Inc Limits	Coverage Code AILMP	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium \$29.00	
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium \$250.00	
Ref #	Description Premium discount	Coverage Code PDIS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium -\$103.00	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	