

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2022

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

tł	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su						
PRO	DUCER			CONTACT NAME: Kim Summerour						
Complete Insurance Service Norcross						PHONE (A/C, No, Ext): (770) 840-8744 FAX (A/C, No):				
1755 North Brown Road						ADDRESS: kim@cisquote.com				
Suite 200						INSURER(S) AFFORDING COVERAGE NA				NAIC #
Lav	verenceville			GA 30043	INSURER A: STATE AUTOMOBILE MUT INS CO				25135	
INSU	RED				INSURER B: PROGRESSIVE MOUNTAIN INS CO				35190	
Ga	Chocolate And Ice Cream LLC				INSURER C:					
PO	Box 1943				INSURER D :					
					INSURER E :					
Oak	wood			GA 30566	INSURER F :					
CO	/ERAGES CER	TIFIC	ATE	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		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY					,	·	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
								MED EXP (Any one person)	\$	5,000
Α		Y	Y	10149476CB		09/20/2022	09/20/2023	PERSONAL & ADV INJURY	\$	INCL
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	Y						BODILY INJURY (Per person)	\$	
В	OWNED AUTOS ONLY SCHEDULED AUTOS	'	T	961961637		09/26/2022	09/26/2023	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	WINDERLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
Α	EXCESS LIAB CLAIMS-MADE		Y	10149479CU		09/26/2022	09/20/2023	AGGREGATE	\$	1,000,000
	DED RETENTION\$							TRIA	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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		L								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kilwins Chocolates 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 General Iiability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise Inc and Kilwins Quality Confections Inc. Umbrella policies follow form.										
CEP	TIFICATE HOLDER				CANO	ELI ATION	**************************************			
VER	TIFICATE HOLDER		-	T	CANCI	ELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1050 Bay View Rd						AUTHORIZED REPRESENTATIVE				
	. Petoskev MI 49770	7 m Junivion								

Petoskey MI 49770

AGENCY CUSTOMER ID:		
LOC #:		
	D	-5 4

ACORD °

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED				
Complete Insurance Service Norcross		Ga Chocolate And Ice Cream LLC				
POLICY NUMBER						
10149479CU, 961961637, 10149476CB						
	NAIC CODE					
State Auto Insurance	25135, 3519	EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO						
FORM NUMBER: 25 FORM TITLE: Certificate Of Liab	oility Insurance					
**Certificate Holder Name:						
Kilwins Chocolates Franchise Inc and Kilwins Quality Confections Inc						
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