

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2021

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 | SKIP SORENSEN, AGENT | CONTACT NAME: Brenda Sorensen | | | | |
|-------------------------|-----------------------------|---|--|--|--|--|
| | 300 S COUNTY FARM RD, STE D | PHONE (A/C, No, Ext): 630-588-9590 Ext 227 (A/C, No): 630-5 | | | | |
| STATE PALM ENTURANCE | WHEATON, IL 60187-2438 | E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFarm.com | | | | |
| | 3 | INSURER(S) AFFORDING COVERAGE | | | | |
| | | INSURER A : State Farm Fire and Casualty Company | | | | |
| INSURED | REPUBLIC SYSTEMS, LLC | INSURER B: State Farm Mutual Automobile Insurance Company | | | | |
| | 100 N HALE STREET | INSURER C: | | | | |
| | WHEATON, IL 60187-5113 | INSURER D: | | | | |
| | | INSURER E : | | | | |
| | | INSURER F: | | | | |

OVERAGES CERTIFICATE N

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.

| NSR LTR | TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | S | |
|------------|---|-----|------|------------------|----------------------------|------------|---|----------------------------|---|
| Α | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR PRIMARY & NON-CONTRIB. HIRED & NONOWNED AUTOS GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC | Y | Y | 93-KJ-X431-4 | 09/19/2021 | 09/19/2022 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ \$ \$ \$ \$ | 1,000,000 300,000 10,000 1,000,000 2,000,000 2,000,000 |
| В | ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS | Y | Υ | P16 9559-F16-13K | 06/16/2021 | 12/16/2021 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ \$ \$ | 1,000,000 1,000,000 100,000 |
| Α | ✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB CLAIMS-MADE DED ✓ RETENTION \$ 10,000 | Υ | Y | 93-GY-U086-9 | 12/29/2020 | 12/29/2021 | EACH OCCURRENCE AGGREGATE | \$ \$ \$ | 1,000,000 |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | Υ | 93-K1-M961-5 | 01/29/2021 | 01/29/2022 | WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | - | 1,000,000 1,000,000 1,000,000 |

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

Kilwins Chocolates Franchise, Inc. and Kilwin's 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 Liability, Auto Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections. Inc.

It is agreed that it is the intention of the Company to provide 30 days written notice prior to the cancellation of the policy designated in this certificate. However, the Company assumes no liability for failure to do so.

*** Workers Compensation Exclusions: Maribeth Barrett & William Barrett ***

CERTIFICATE HOLDER

Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road 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

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ACORD 27 (2016/03)

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/29/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. AGENCY PHONE (A/C, No, Ext): 630-588-9590 X2 NAIC# 25143 StateFarm SKIP SORENSEN 300 S. COUNTY FARM RD State Farm Fire and Casualty Company SUITE D WHEATON 60187 IL E-MAIL ADDRESS: FAX (A/C, No): 630-588-9626 CODE: 13-3327 SUB CODE: AGENCY CUSTOMER ID #: INSURED LOAN NUMBER **POLICY NUMBER** REPUBLIC SYSTEMS, LLC 93-KJ-X431-4 100 N. HALE STREET **EFFECTIVE DATE EXPIRATION DATE** CONTINUED UNTIL WHEATON, IL 60187-5113 09/19/2021 09/19/2022 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION 100 N. HALE STREET WHEATON, IL 60187 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 EVIDENCE OF PROPERTY INSURANCE 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. **COVERAGE INFORMATION** PERILS INSURED BASIC BROAD SPECIAL COVERAGE / PERILS / FORMS AMOUNT OF INSURANCE DEDUCTIBLE **Business Personal Property** \$420,100 \$1000 **Building Betterments & Improvements** \$197,500 Newly Acquired Business Personal Property \$100,000 Loss of Income & Extra Expense Actual Loss Sustnd 12 Months Dependent Property - Loss of Income \$5,000 Utility Interruption - Loss of Income \$10,000 Glass Expenses \$10,000 Back-Up of Sewer or Drain \$15,000 Spoilage - On Premises/Off Premises \$15,000/\$5,000 Food Contamination - Per Occurrence \$10,000 **REMARKS (Including Special Conditions)** 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. **ADDITIONAL INTEREST** NAME AND ADDRESS X ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE KILWINS CHOCOLATES FRANCHISE, INC. LOAN # KILWIN'S QUALITY CONFECTIONS INC. 1050 BAY VIEW ROAD **AUTHORIZED REPRESENTATIVE** PETOSKEY, MI 49770

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