

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2024

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 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 co | ertificate noider in Heu of Suci | n engorsement(s).                               |                           |         |
|---|----------------------------------|---|---------------------------|---------|
| PRODUÇER  |                                  | CONTACT John Gilsenan                           |                           |         |
| Gilsenan Agency LLC                               |                                  | PHONE<br>(A/C, No, Ext): (201) 445-1600         | FAX<br>(A/C, No): (201) 4 | 45-0942 |
| 213 E Ridgewood Avenue                            |                                  | E-MAIL<br>ADDRESS john@gilsenaninsurance.com    |                           |         |
| P.O. Box 785                                      |                                  | INSURER(S) AFFORDING COVER                      | AGE                       | NAIC #  |
| Ridgewood   | NJ 07451-0785                    | INSURER A: Accedited Surety & Casualty Comp     | pany Inc                  |         |
| INSURED   |                                  | INSURER B: United States liability Insurance Co | mpany                     |         |
| PDMC Enterprises Inc.                             |                                  | INSURER C : Berkshire Hathaway Insurabce Con    | mpany                     |         |
| DBA Kilwin's Of Ridgewood                         |                                  | INSURER D :                                     |                           |         |
| 121 East Ridgewood Avenue                         |                                  | INSURER E :                                     |                           |         |
| Ridgewood   | NJ 07450                         | INSURER F :                                     |                           |         |
| COVERAGES CERTIFICA                               | TE NUMBER: CL242100749           | REVISION  | NUMBER:                   |         |

| COVERAGES CERT | IFICATE NUMBER: CL242100749 | 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<br>LTR | TYPE OF INSURANCE   | ADDL  | SUBR | POLICY NUMBER        | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | s                          |
|-------------|---|-------|------|----------------------|----------------------------|----------------------------|---|----------------------------|
| A           | COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR             | Y     |      | 1ABPNJ5133473200     | 04/23/2024                 | 04/24/2025                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000<br>\$ 300,000 |
|             |   |       |      |                      |                            |                            | MED EXP (Any one person)                                  | s 10,000                   |
|             |   |       | Y    |                      |                            |                            | PERSONAL & ADV INJURY                                     | \$                         |
|             | GEN'L AGGREGATE LIMIT APPLIES PER                             |       |      |                      |                            |                            | GENERAL AGGREGATE   | \$ 2,000,000               |
|             | POLICY PRO-<br>JECT LOC                                       |       |      |                      |                            |                            | PRODUCTS - COMP/OP AGG                                    | \$ 2,000,000               |
|             | OTHER:  |       |      |                      |                            |                            |   | \$                         |
| A           | AUTOMOBILE LIABILITY  |       |      | Y 1ABPNJ053133473200 | 04/23/2024                 | 04/23/2025                 | COMBINED SINGLE LIMIT<br>(Ea accident)                    | \$ 1,000,000               |
|             | ANY AUTO  |       |      |                      |                            |                            | BODILY INJURY (Per person)                                | \$                         |
|             | OWNED SCHEDULED Y AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY | Y     | Y    |                      |                            |                            | BODILY INJURY (Per accident)                              | S                          |
|             |   |       |      |                      |                            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$                         |
|             |   |       |      |                      |                            |                            |   | \$                         |
| В           | ✓ UMBRELLA LIAB      ✓ OCCUR                                  | Υ     | Υ    | CUP1572636           | 04/23/2024                 | 04/23/2025                 | EACH OCCURRENCE   | \$ 1,000,000               |
|             | EXCESS LIAB CLAIMS MADE                                       |       |      |                      |                            |                            | AGGREGATE   | s 1,000,000                |
|             | DED RETENTION \$  |       |      |                      |                            |                            |   | \$                         |
| С           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                 | - I I |      | PDWC466066           | 11/21/2023                 | 11/21/2024                 | ➤ PER OTH-ER  |                            |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE                              |       |      |                      |                            |                            | E.L. EACH ACCIDENT  | s 1,000,000                |
|             | (Mandatory in NH)   |       |      |                      |                            | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000  |                            |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below     |       |      |                      |                            |                            | E.L. DISEASE - POLICY LIMIT                               | s 1,000,000                |
|             |   |       |      |                      |                            |                            |   |                            |
|             |   |       |      |                      |                            |                            |   |                            |
|             |   |       |      |                      |                            |                            |   |                            |

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

Kilwin's Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc are included as Additional Insured on a Primary and non-Contributory basis with regards to general Liability, Auto Liability and Umbrella. Waiver of Subrogation with rgards to General Liability Automobile Liability and Umbrella in favor of Kikwin's Chocalates Franchise, Inc and Kilwin's Quality Confections, Inc.

| CERTIFICATE | HOLDER  |                      | CANCELLATION   |  |  |
|-------------|---|----------------------|--|--|--|
|             | Kilwin's Chocolates Franchise, Inc Kilwin's Qua | lity Confections Inc | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |
| Petoskey    |   | MI 49770             | AUTHORIZED REPRESENTATIVE Silseran   |  |  |
|             |   |                      |  |  |  |

© 1988-2015 ACORD CORPORATION. All rights reserved.