

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 this certificate does not confer rights to					•	ies may requ	uire an endors	ement. A	stateme	ent on	
PRODUCER	CONTACT Amardeep Lamba										
Publix Insurance Agency	PHONE (A/C, No, Ext): (630) 835-4037 (A/C, No):										
201 E Army Trail Rd Ste 210						oublixinsuranc	e com	[(A/O, NO).			
201211111111111111111111111111111111111				ADDRESS.						NAIC #	
Bloomingdale	INSURER(S) AFFORDING COVERAGE INSURER A: FIDELITY & GUAR INS CO						35386				
INSURED	INSURER B:										
M3 Tech Incorporated DBA Snackd				INSURER C :							
8828 Niles Center Rd	INSURER D :										
Apt 205	INSURER E :										
Skokie	IL 60077-5451	INSURER F :									
	TIFIC	ΔTF	NUMBER:	INSUKERT	•		REVISION NUI	/IBFR:			
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PEF EXCLUSIONS AND CONDITIONS OF SUCH F	F INSI UIREN TAIN POLIC	URAN MENT, , THE	CE LISTED BELOW HAVE BE , TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE TI	ANY CONTR THE POLICE EEN REDUC	RACT OR OT CIES DESCR	SURED NAME HER DOCUME IBED HEREIN	ED ABOVE FOR ENT WITH RESP	THE POLIC' ECT TO WH ALL THE T	HICH THIS ERMS,		
INSR TYPE OF INSURANCE		WVD		(M	M/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO REN		\$	1,000,000	
CLAIMS-MADE X OCCUR							PREMISES (Ea oc		\$	300,000	
l .		١	DVD + 0020024		0.00.5.00.04	00/05/0005	MED EXP (Any one		\$	5,000	
A	Y	Y	BIPA0930051		09/05/2024	09/05/2025	PERSONAL & AD\	/ INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
POLICY JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
OTHER:							COMBINED SINGL	FIIMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident)		\$		
ANY AUTO OWNED SCHEDULED							BODILY INJURY (F		\$		
AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (F	,	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	.02	\$		
LIMPRE LA LIAR									\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$		
DED   RETENTION \$   WORKERS COMPENSATION							IPER I	I OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y					E.L. EACH ACCIDE		\$		
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	120000	
, PROPC			DID 4 0020051		00/05/2024	00/05/2025	Special			120000	
A			BIPA0930051	10	09/05/2024	09/05/2025	-				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	) Ee	(ACOB	D 101 Additional Bamarka Sahar	dula may ba	attached if me	ro onoco io rogi	Special				
Hawthorn, L.P. and its members, owners, parti Landlord?s mortgagee; other entities or individently employees, representatives, agents, successors	ners, s luals l	hareh Landlo	olders, and affiliates; Centenr ord may designate from time	nial Real Es	state Manage	ment, LLC; W	EA Hawthorn S	11 0			
CERTIFICATE HOLDER				CANCEL	LATION						
Hawthorn L.P. c/o The Jones Agency, Inc.					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.						
224 W 35th St					AUTHORIZED REPRESENTATIVE						
Ste 500 PMB 137	Amardeep Lamba										

New York NY 10001



## CERTIFICATE OF LIABILITY INSURANCE

9/5/2024

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lf :	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	o the	tern	ns and conditions of the	policy, ch end	certain policorsement(s).	ies may requ			
PROD	DUCER				CONTAC NAME:	Amardeep				
Pub	lix Insurance Agency				PHONE (A/C, No	, Ext): (630) 8	35-4037	FAX (A/C, No):		
201	E Army Trail Rd Ste 210				È-MÁIL ADDRES	ss: alamba@	publixinsuranc	e.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
Bloomingdale IL 60108						INSURER A: FIDELITY & GUAR INS CO				
INSU	RED				INSURE	RB:				
M3 ′	Tech Incorporated				INSURE	RC:				
Dba	Snackd				INSURE					
122	HAWTHORN CTR STE 120				INSURE					
VER	NON HILLS			IL 60061	INSURE	RF:				
COV	'ERAGES CERT	IFIC	ATE	NUMBER:				REVISION NUMBER:		
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUING THE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PO	IIREM ΓΑΙΝ, DLICI	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON THE PO	ITRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WI	HICH TH	
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
Α		Y	Y	BIP-00A0930051		09/05/2024	09/05/2025	PERSONAL & ADV INJURY	\$	INCLUDED
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMPINED OINOLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY								` '	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							1050	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A  OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		

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

Location: 122 HAWTHORN CTR STE 120, VERNON HILLS, IL 60061

## ADDTIONAL INSURED:

Hawthrorn, L.P. and its members, owners, partners, shareholders, and affiliates; Centennial Real Estate Management, LLC; WEA Hawthorn Shopping Center GP, LLC; Landlord's mortgage; other entities or individuals Landlord may designate from time to time, and with respect to each of the foregoing, its managers, officers, directors, employees, representatives, agents, successors, and assigns.

CERTIFICATE HOLDER		CANCELLATION				
Hawthorn L.P. c/o The Jones Agency, 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.				
notice@getjones.com		AUTHORIZED REPRESENTATIVE				
224 W 35 St Ste 500 PMB 137		Amardeep Lamba				
New York	NY 10001					