HBWYKE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2017

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

l t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to	the	terms and conditions of	the po	licy, certain	policies may	require an endorsemen	t. As	tatement on	
3475	DDUCER	- 1110	0016	mode noider in ned or sa	CONTACT NAME:						
The	Morrison Agency Church St. NE										
167 Church St. NE Concord, NC 28025						PHONE (A/C, No, Ext): (704) 706-2325 FAX (A/C, No): (704) 782-2263 E-MAIL ADDRESS: hunter@morrisoninsagency.com					
										T	
					INSURER(S) AFFORDING COVERAGE INSURER A : Donegal					NAIC#	
INS	URED				INSURER B :						
	Kenney Consulting LLC				INSURER C :						
	3014 Arbor Knoll				INSURER D :						
Concord, NC 28025						INSURER E :					
					INSURER F :						
CC	VERAGES CER	TIFIC	CATE	E NUMBER:	MOOKE			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY	TO THE INSUICT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T	CT TO	WHICH THIS	
INSF LTR		INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000	
_^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			D000000 + + =				EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-WADE X OCCUR			BOS8899445		01/15/2017	01/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
							,	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	OTHER: AUTOMOBILE LIABILITY						01/15/2018	COMBINED SINGLE LIMIT	\$	1,000,000	
	ANY AUTO			BOS8899445	01/1	01/15/2017		(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS			Control of the contro				BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR					Version states of technology	06/23/2018	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			CXS9004778	06/23/2017	06/23/2017		AGGREGATE	\$		
	DED RETENTION \$							\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				01/15/2017	01/15/2018	PER OTH- STATUTE ER			
ŀ	ANY PROPRIETOR/PARTNER/EXECUTIVE			WCA8899445				E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE) 101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	ed)			
			-								
CE	RTIFICATE HOLDER		_		CANC	ELLATION					
Kilwin's Chocolate Franchise, Inc. Kilwin's Quality 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.					
	1050 Bay View Road Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE / / /									

ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY The Morrison Agency		NAMED INSURED Kenney Consulting LLC 3014 Arbor Knoll			
POLICY NUMBER SEE PAGE 1		Concord, NC 28025			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Kilwin's

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 Workers' Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

Umbrella coverage is follow form.

See attached.

30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage.

Coverage listed are minimum requirements

Carriers must be A- Rate or better by AM Best