

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2024

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, A			AND THE RESERVE OF THE PARTY OF				<u> - 13-21</u>		
IMPORTANT: If the certificate holder in If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to th	e terr	ns and conditions of the poli	cy, certain poli	icies may rec	AL INSURED provisions juire an endorsement. <i>A</i>	or be	endorsed. ement on	
PRODUCER		3 1 1 1	CON	ITACT	er Morrison				
The Morrison Agency	Art III. Saari		DUC	NAME: Hother Motified NAME: PHONE (A/C, No, Ext): (704)706-2325 (A/C, No): (704)782-2263 E-MAIL ADDRESS: hunter@morrisoninsagency.com					
167 Church Street N			EAD						
Concord, NC 28025				INSURER(S) AFFORDING COVERAGE NAIC					
			INGI	INSURER A: Central Mutual Insurance Company				20230	
INSURED Kenney Consulting LLC 3014 Arbor KnI				INSURER B:					
				INSURER C:					
				INSURER D:					
Concord, NC 28025-8060				JRER E :			100		
				JRER F:					
COVERAGES CER	TIFIC	CATE	NUMBER: 00000479-0			REVISION NUMBER:	1		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAI	MEN N, TH	T, TERM OR CONDITION OF AN E INSURANCE AFFORDED BY T	Y CONTRACT OF HE POLICIES DE	ROTHER DOC SCRIBED HER	UMENT WITH RESPECT TO REIN IS SUBJECT TO ALL TI	WHI	ICH THIS	
INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s		
A X COMMERCIAL GENERAL LIABILITY	Υ	Υ	CLP 8678743	01/15/2024	01/15/2025	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
						MED EXP (Any one person)	\$	10,000	
		7. 20				PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:	1.5	Artista Artista				GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:						COMPUSED CIVIOLE LIMIT	\$		
A AUTOMOBILE LIABILITY	Y	Y	CLP 8678743	01/15/2024	01/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						(Per accident)	\$		
		No. 194		<u> </u>			\$	1,000,000	
A X UMBRELLA LIAB X OCCUR		Y	CXS 8678745	01/15/2024	01/15/2025	EACH OCCURRENCE	\$	1,000,000	
EXCESS LIAB CLAIMS-MADE				0.44.540004	01/15/2025	AGGREGATE	\$	1,000,000	
DED RETENTIONS WORKERS COMPENSATION	-	-				X PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N		Y	WC 8678744	01/15/2024		E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	-	1,000,000	
(Mandatory in NH) If yes, describe under		1.0	[4일 1968] 이 배생들이 된			E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DÉSCRIPTION OF OPERATIONS below		-				E.L. DISEASE - FOLIOT LIMIT	Ψ	.,,,,,,,,,	
[편집] 공기는 일하는 글을 항공하는 다양보다			[2015] 설립 보기하는데,				100		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	ACORE) 101, Additional Remarks Schedule, m	ay be attached if mo	re space is requir	red)			
Kilwins Chocolates Franchise, Inc.	and l	Kilwi	in's Quality Confections Ir	nc. are listed a	as Addition	al			
Insured on Primary and Non-Contr	ibuto	ry b	asis with regards to Gene	ral Liability, A	Automobile				
Liability and Umbrella. Waiver of S					tion/Employ	/ers			
Liabili General Liability, Automobil	e Lia	DIIIT	y, umbrella in favor of (ne	xι page)					
[편집] 전환경 (10 기가 가려면 10 원 - 1 원생 (10 기가 된 12 원) 		A. A.							
CERTIFICATE HOLDER				CANCELLATION					
Kilwins Chocolate Franchise Inc. & Kilwins Quality Confections Inc. 1050 Bay View Road				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

Petoskey, MI 49770

			and the second second	100 200 1	1.0
100	1010	IOTORE	ER ID:	ാറററ	0.470
$\Delta t \rightarrow \mathbf{P}$	M(. Y (. I	151000	FR III	THURIT	114/9

LOC #: **3**



ADDITIONAL REMARKS SCHEDULE

Page 2 of

AGENCY The Morrison Agency	NAMED INSURED Kenney Consulting LLC
POLICY NUMBER CLP 8678743	하는 경험 이 등을 보고 있다. 그는 경상에 보고 있는 것이 되는 것이 없는 것이 없는 것이다. 1985년 - 1987년
CARRIER NAIC CODE Central Mutual Insurance Company 20230	EFFECTIVE DATE: 01/15/2024

St. Cont.	2000	100 100			100	
	ITIC	Δ MC	ΙR	FM.	ARK	S

. A.F.

THIS ADDITIONAL' REMARKS FORM IS A S	CHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE	Certificate of Liability Insurance
follow form.	s Quality Confections, Inc. Umbrella coverage is
30 days notice of cancellation or non-renewal Coverages listed are minimum requirements.	must be provided to the Franchisor on all coverages.
Carriers must be A- Rated or better by AM Bes	# [발발] [대통령·남리로 발전 경기 (대한 기업 - 대통령 기업) [대한 기업 기업 - 대한 기업

ACORD 101 (2008/01)

© 2008 ACORD CORPORATION. All rights reserved.