

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2018

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 certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to	o the	cert	micate holder in Heu of si	1221212				
tofo Form			CONTACT Lynsie Maldonado					
StateFarm Lynsie Maldonado				PHONE (A/C, No, Ext): 210-255-8686 FAX (A/C, No): 210-426-8928				
1100 NW Loop 410 Ste	218				aldonado.e7c	v@statefarm.com		
San Antonio, TX 78213						DING COVERAGE	NAIC #	
				INSURER A : State Fa	25143			
SURED			INSURER B:					
Larry Rosenberger				INSURER C:				
109 S Alamo Piz				INSURER D:				
San Antonio, TX 78205				INSURER E:				
			INSURER F:					
OVERAGES CER	CATE	NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT I	ECT TO WHICH TH	
	ADDL			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
COMMERCIAL GENERAL LIABILITY	מפנט	TEAN	TODOT NOMORY	[manual 111]	LINING CREET, 1-1	EACH OCCURRENCE	\$ 1,000,000	
CLAIMS-MADE OCCUR	i					DAMAGE TO RENTED	\$ 500,000	
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						PREMISES (Ea occurrence) MED EXP (Any one person)	s 10,000	
	Y	Y	90ECC3707	01/01/2018	01/01/2019	PERSONAL & ADV INJURY	s 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
POLICY PRO- LOC							\$ 2,000,000	
220,7500				į,		PRODUCTS - COMP/OP AGG	\$ 2,000,000	
AUTOMOBILE LIABILITY	v	Y	90ECC3707	01/01/2018	04 (04 (0040	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
X ANY AUTO	, i	1	902003707	01/01/2018	. 01/01/2019			
OWNED SCHEDULED			*				· S	
AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
LIMBERTA LINE							4.000.000	
VMBRELLA LIAB OCCUR	V	Υ	00ECC3710	04/04/2040	04/04/0040	EACH OCCURRENCE	\$ 1,000,000	
EXCESS LIAB CLAIMS-MADE	Y	'	90ECC3719	01/01/2018	01/01/2019	AGGREGATE	\$	
DED RETENTION S WORKERS COMPENSATION						Z PER L LOTE	\$	
AND EMPLOYERS' LIABILITY	WPLOYERS' LIABILITY Y/N					PER STATUTE OTH-	1 000 000	
OFFICER/MEMBER EXCLUDED?	N/A		90ECC3669	01/01/2018	18 01/01/2019	E.L. EACH ACCIDENT	\$ 1,000,000	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below		-				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
Employers Liability						DISEASE	1000000	
	Υ	Y	532438	01/01/2018	01/01/2019	EACH ACCIDENT	1000000	
						POLICY LIMIT	1000000	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	(1	, oon	VIVI, Additional Regularies Schedi	mo, may be acceded if Mol	a space (8 redni)	euj		
ERTIFICATE HOLDER				CANCELLATION		**************************************		
KILWINS QUALITY CONFEC 109 Alamo Piz San Antonio, TX 78205	OTO	NS, II	NC		N DATE TH TH THE POLIC	DESCRIBED POLICIES BE CEREOF, NOTICE WILL BY PROVISIONS		
				\perp \sim \sim \sim \sim				
				Ø19	88-2015-AC	ORD CORPORATION.	All rights reserve	
							-	

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
State Farm-Lynsie Maldonado		Larry Rosenberger		
POLICY NUMBER		109 S Alamo Plz		
90ECC3707		San Antonio, TX 78205		
CARRIER	NAIC CODE			
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 01/01/2018		
ADDITIONAL REMARKS				

90ECC3707		San Antonio, TX 78	8205						
CARRIER	NAIC CODE								
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	01/01/2018						
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE									
20 days a big of a second left of	=								
30 days notice of cancellation or non-renewal must be provided to Coverage listed are minimum requirements.	the Franchiso	or on all coverage.							
Carriers must be A-Rated or better by AM best.									