

## CERTIFICATE OF LIABILITY INSURANCE

01/25/2021

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 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). CONTACT Phone: (336) 794-2810 Fax: (336) 794-2811 Wilson Insurance Services, Inc. NAME PHONE (A/C, No, Ext): E-MAIL WILSON INSURANCE SERVICES, INC. (336) 794-2810 (336) 794-2811 3288 ROBINHOOD RD, STE 102 ADDRESS WINSTON SALEM NC 27106 PRODUCER CUSTOMER ID: 4728 INSURER(S) AFFORDING COVERAGE NAIC # Twin City Fire Insurance Company 29459 INSURER A HUMMINGBIRD CONFECTIONS INC. Hartford Accident and Indemnity Company 22357 INSURER B **DBA KILWINS** INSURER C 308-A STRATFORD ROAD WINSTON SALEM NC 27103 INSURER D INSURER E

COVERAGES

**CERTIFICATE NUMBER: 11738** 

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,

INSURER F

NSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	GENERAL LIABILITY	X	X	22SBAVW8994	03/05/21	03/05/22	EACH OCCURRENCE	s	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurence)	\$	1,000,000
	CLAIMS-MADE X OCCUR						MED. EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
Α	AUTOMOBILE LIABILITY	x	x	22SBAVW8994	03/05/21	03/05/22	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS							\$	
								\$	
A	X UMBRELLA LIAB X OCCUR	х	х	22SBAVW8994	03/05/21	03/05/22	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DEDUCTIBLE							\$	
	X RETENTION \$ 10,000							\$	
3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		x	22WBCAB2HS3	03/05/21	03/05/22	WC STATU- OTH TORY LIMITS FR		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000
	DFFICER/MEMBER EXCLUDED? N / A Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	s	1,000,000

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

30 Day Notice of Cancellation applies

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections Inc. are additional insureds per attached form SS0008 04-05 that is part of insured's policy 22SBAVW8994.

CERTIFICATE HOLDE	R	
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CANCELLATION

Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED / REPRESENTATIVE

Attention:

on f. oven