

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/12/2021

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 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).											
PRO	DUCER				CONTACT Noe Moreno CIC,CLCS,ACSR						
Wh	orton Insurance Services		PHONE (512) 338-1191 (A/C, No, Ext): (512) 338-1196								
112	00 Jollyville Rd.				E-MAIL NoeM@whortonins.com ADDRESS:						
		INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #			
Aus	tin			TX 78759-4813	INSURER A: Hanover Casualty Company					41602	
INSL	RED				INSURER B: Hanover American 36064					36064	
	CTX Confectionary LLC, DBA: h	(ilwins	6		INSURER C:						
	120 W. 8th St.	INSURER D :									
		INSURER E :									
	Georgetown			TX	INSURER F:						
				NUMBER: CL213122492	21 REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI										
	ERTIFICATE MAY BE ISSUED OR MAY PERTA									13	
	KCLUSIONS AND CONDITIONS OF SUCH PC		S. LIM		REDUC	ED BY PAID CL	_AIMS.	T			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		, .	00,000
А	CLAIMS-MADE OCCUR							PREMISES (Ea occu			·
								MED EXP (Any one person) \$ 5,00			
				OLDH532808		03/15/2021	03/15/2022	1 - E. 10 0 1 1 1 E 0 7 1 E 1 1 1 1 0 0 1 1 1		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							02.12.012.100.120.112		00,000	
	POLICY PRO-							1110B0010 00IIII 70I 7100   \$		00,000	
	OTHER:							COMBINED SINGLE	LIMIT &		20.000
	AUTOMOBILE LIABILITY					02/45/2024	03/45/2022	(Ea accident)		0,000	
А	ANY AUTO OWNED SCHEDULED		OLDH532808	, , , ,							
A	AUTOS ONLY AUTOS			OLDH002000		03/15/2021	03/15/2022	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	- 3		
	✓ UMBRELLA LIAB     ✓ OCCUR						03/15/2022		<del> </del>	4.00	0,000
Α	EXCESSIVAD			OLDH532808		03/15/2021		EACH OCCURRENC		, .	0,000
'`	CLAIIVIS-IVIADE			02511002000	00/10/2021	00/10/2022	AGGREGATE	\$	, .	,	
	DED   RETENTION \$   WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER	•	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					03/15/2021	03/15/2022			1.00	0,000
В				WZDH532306							00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										0,000
	DESCRIPTION OF OF ENVITONE BOICK							E.E. BIOLINGE TOL	TOT ENVIET Q	<u>,                                      </u>	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	General Liability and Auto Liability policy in										
	certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability and Auto Liability policy includes a blanket waiver of subrogation endorsement that provides this coverage only when there is a written contract between the										
nan	ned insured and the certificate holder that re-	quires	it. Th	e Workers Compensation pol	icy inclu	ides a blanket v	waiver of subr	ogation endorseme	ent that		
	rides this coverage only when there is a writ								Liability		
ροιι	policy contains a special endorsement with Primary and Noncontributory when required by written contract wording. Umbrella is follow form.										
CE	RTIFICATE HOLDER	CANCELLATION									
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
	Kilwins Chocolate Franchise, Inc	ACCORDANCE WITH THE POLICY PROVISIONS.									
	1050 Bay View Rd										

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Petoskey

MI 49770

AUTHORIZED REPRESENTATIVE

GENCY	CUSTOMER ID	. 0005319
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LOC#:



## **ADDITIONAL REMARKS SCHEDULE**

NAMED INSURED Whorton Insurance Services CTX Confectionary LLC, DBA: Kilwins

POLICY NUMBER			
CARRIER		NAIC CODE	
			EFFECTIVE DATE:
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS F	ORM IS A SCHEDULE TO ACOR	D FORM,	
	FORM TITLE: Certificate of Liability		
The policies include a notice of cano nonpayment of premium, or 10 days	ellation endorsement providing for 3 ' notice if the policy is canceled for no	0 days' advance onpayment of pr	e notice if the policy is cancelled by the company other than for emium.

ACORD 101 (2008/01)