



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2024

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, 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).

PRODUCER Corbin Finley(086032R) 8282 S Memorial Dr Ste 303 TULSA OK 74133-4346		CONTACT NAME: Trent Finley PHONE (A/C, NO, EXT): 918-492-8282 FAX (A/C, NO): E-MAIL ADDRESS: cfinley1@farmersagent.com																						
INSURED CEDARWOOD SWEETS LLC 418 E 2ND ST TULSA OK 74120		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Truck Insurance Exchange</td><td>21709</td></tr><tr><td>INSURER B:</td><td>Farmers Insurance Exchange</td><td>21652</td></tr><tr><td>INSURER C:</td><td>Mid Century Insurance Company</td><td>21687</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Truck Insurance Exchange	21709	INSURER B:	Farmers Insurance Exchange	21652	INSURER C:	Mid Century Insurance Company	21687	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Truck Insurance Exchange	21709																						
INSURER B:	Farmers Insurance Exchange	21652																						
INSURER C:	Mid Century Insurance Company	21687																						
INSURER D:																								
INSURER E:																								
INSURER F:																								


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table><tr><td><input type="checkbox"/> CLAIMS-MADE</td><td><input checked="" type="checkbox"/> OCCUR</td></tr></table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			607000574	07/11/2024	07/11/2025	EACH OCCURRENCE	\$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR												
			DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000										
			MED EXP (Any one person)	\$ 10,000										
			PERSONAL & ADV INJURY	\$ 1,000,000										
			GENERAL AGGREGATE	\$ 2,000,000										
			PRODUCTS - COMP/OP AGG	\$ 1,000,000										
			\$											
A	AUTOMOBILE LIABILITY <table><tr><td><input type="checkbox"/> ANY AUTO</td><td><input type="checkbox"/> SCHEDULED AUTOS</td></tr><tr><td><input type="checkbox"/> OWNED AUTOS ONLY</td><td><input type="checkbox"/> NON-OWNED AUTOS ONLY</td></tr><tr><td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td><td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td></tr></table>	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			607000574	07/11/2024	07/11/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS												
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY												
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY												
			BODILY INJURY (Per person)	\$										
		BODILY INJURY (Per accident)	\$											
		PROPERTY DAMAGE (Per accident)	\$											
			\$											
	UMBRELLA LIAB EXCESS LIAB <table><tr><td>DED</td><td>RETENTION \$</td></tr></table>	DED	RETENTION \$						EACH OCCURRENCE	\$				
	DED	RETENTION \$												
			AGGREGATE	\$										
			\$											
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	A02186199	07/11/2024	07/11/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$						
			E.L. EACH ACCIDENT				\$ 1,000,000							
			E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000							
			E.L. DISEASE - POLICY LIMIT				\$ 1,000,000							

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

Kilwins Chocolates Franchise, Inc and Kilwins Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automotive Liability and Umbrell Waiver of Subrogation with Regards to Workers' Compensation/Employers Liability, General Liability, Automotive Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc.

CERTIFICATE HOLDER Kilwins Chocolates Franchise Inc. & Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey MI 49770	CANCELLATION 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 
--	--



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/29/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Corbin Finley(086032R) 8282 S Memorial Dr Ste 303 TULSA OK 74133-4346 FAX (A/C, No): E-MAIL ADDRESS: cfinley1@farmersagent.com CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED CEDARWOOD SWEETS LLC 418 E 2ND ST TULSA OK 74120	PHONE (A/C, No, Ext): 918-492-8282	COMPANY Truck Insurance Exchange LOAN NUMBER POLICY NUMBER 607000574 EFFECTIVE DATE 07/11/2024 EXPIRATION DATE 07/11/2025 CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/> THIS REPLACES PRIOR EVIDENCE DATED:
--	------------------------------------	--

PROPERTY INFORMATION

LOCATION/DESCRIPTION 418 E 2ND ST TULSA OK 74120

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 EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/>
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE			
Building Betterments & Improvements	424,900	1,000			
Business Personal Property	239,000	1,000			
Spoilage due to breakdown/contamination/power surge	10,000	1,000			
Replacement Cost basis					
Agree Value with Coinsurance Suspended					
Special Coverage Form					
30 Day Notice of Cancellation					
Loss of Business INcome & Extra Expense - Actual Loss Sustained					
Wind & Hail		2,500			

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Kilwin Chocolate Franchise Inc. & Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey MI 49770	<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE LOAN # AUTHORIZED REPRESENTATIVE 	LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
---	---	--

ACORD 27 (2016/03)

311851 05/19

© 1993-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD