

## CERTIFICATE OF LIABILITY INSURANCE

09/19/2019

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).

PRODUCER	SKIP SORENSEN, AGENT	CONTACT NAME: Brenda Sorensen				
	300 S COUNTY FARM RD, STE D	PHONE (A/C, No. Ext); 630-588-9590 Ext 227 (A/C, No.): 630-	588-9626			
	WHEATON, IL 60187-2438	E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFarm.com				
STATE PASM LINEURANCE		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A : State Farm Fire and Casualty Company	25143			
NSURED	REPUBLIC SYSTEMS, LLC	INSURER B: State Farm Mutual Automobile Insurance Company	25178			
	100 N HALE STREET	INSURER C:				
	WHEATON, IL 60187-5113	INSURER D:				
		INSURER E:				
		INSURER F :				

COVERAGES

CERTIFICATE 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 CEPTIFICATE MAY BE ISSUED ON MAY DEPTAIN. THE INSURANCE ASSOCIATION 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.

ISR TR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	GENERAL LIABILITY	Y	Y				EACH OCCURRENCE	\$	1,000,000
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR PRIMARY & NON-CONTRIB. HIRED & NONOWNED AUTOS GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
				93-KJ-X431-4	09/19/2019	09/19/2020	MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC							\$	
В	AUTOMOBILE LIABILITY	Υ	Y	P16 9559-F16-13K	06/16/2019	12/16/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS						BODILY INJURY (Per person)	\$	1,000,000
							BODILY INJURY (Per accident)	s	1,000,000
							PROPERTY DAMAGE (Per accident)	\$	100,000
								\$	
Α	X UMBRELLA LIAB X OCCUR	Y	Y	93-GY-U086-9	12/29/2018	12/29/2019	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED X RETENTIONS 10,000							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					53/2 - 9/-9/ - 10	WC STATU- OTH- TORY LIMITS ER	tews	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	93-KC-W063-6	01/29/2019	01/29/2020	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

It is agreed that it is the intention of the Company to provide 30 days written notice prior to the cancellation of the policy designated in this certificate. However, the Company assumes no liability for failure to do so.

\*\*\* Workers Compensation Exclusions: Maribeth Barrett & William Barrett \*\*\*

CERT	IFICA	TE	HOL	DER

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

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