

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2021

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).

Certificat	e noider in ned 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	3-9626				
STATE PARA INSURANCE	WHEATON, IL 60187-2438	E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFar	E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFarm.com				
		INSURER(S) AFFORDING COVER	NAIC#				
		INSURER A : State Farm Fire and Casualty Com	pany	25143			
	REPUBLIC SYSTEMS, LLC	INSURER B: State Farm Mutual Automobile Insu	INSURER B: State Farm Mutual Automobile Insurance Company				
	100 N HALE STREET	INSURER C:					
	WHEATON, IL 60187-5113	INSURER D:					
	The second secon	INSURER E:					
		INSURER F:					
COVERAG	OLIVIII TOTALE NOMBER.		I NUMBER:				
INDICATE	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED B D. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CO ATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE	ONDITION OF ANY CONTRACT OR OTHER DOCUMEN	T WITH RESPECT TO	WHICH THIS			

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS WVD **GENERAL LIABILITY** Y EACH OCCURRENCE 1.000.000 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY 300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 10,000 93-KJ-X431-4 09/19/2020 09/19/2021 PRIMARY & NON-CONTRIB. 1,000,000 PERSONAL & ADV INJURY HIRED & NONOWNED AUTOS GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2,000,000 \$ X POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY B Y Y 2 ANY AUTO BODILY INJURY (Per person) P16 9559-F16-13K 06/16/2021 1,000,000 12/16/2021 ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) 1,000,000 AUTOS NON-OWNED \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS 100,000 AUTOS \$ X UMBRELLA LIAB OCCUR Y Y 1,000,000 EACH OCCURRENCE 93-GY-U086-9 12/29/2020 12/29/2021 EXCESS LIAB CLAIMS-MADE AGGREGATE 1,000,000 \$ DED X RETENTION\$ 10,000 WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT Y 93-K1-M961-5 01/29/2021 01/29/2022 (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$

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 ***

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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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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/25/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT A COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OI ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCE!	FFIRMATIVELY OR NEC FINSURANCE DOES NO	SATIVELY AMEND, OT CONSTITUTE A	EXTEND OR ALT	ER THE		
AGENCY PHONE (A/C, No, Ext): 630-588-9590 X2	COMPANY		NAIC # 251	43		
StateFarm SKIP SORENSEN						
300 S. COUNTY FARM RD	State Farm Fire and Cas	sualty Company				
SUITE D						
WHEATON IL 60187						
FAX (A/C, No): 630-588-9626						
CODE: 13-3327 SUB CODE:	1					
AGENCY CUSTOMER ID #: INSURED		Max				
	LOAN NUMBER		POLICY NUMBER			
REPUBLIC SYSTEMS, LLC 100 N. HALE STREET		Т	93-KJ-X431-4			
WHEATON, IL 60187-5113	EFFECTIVE DATE	EXPIRATION DATE	CONTINU			
WHEATON, IL 60187-5113	09/19/2020	09/19/2021	X TERMINA	TED IF CHECKED		
	THIS REPLACES PRIOR EVIL	DENCE DATED:				
PROPERTY INFORMATION	1	manus to a milk a manus ma				
LOCATION/DESCRIPTION			www.glice			
100 N. HALE STREET						
WHEATON, IL 60187						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH	HE INSURED NAMED ABO	OVE FOR THE POLICE	CY PERIOD INDIC	ATED.		
I NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY (CONTRACT OR OTHER I	OCCUMENT WITH R	ESPECT TO WHIC	CH THIS		
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH	I, THE INSURANCE AFF(ORDED BY THE POL	ICIES DESCRIBEI	D HEREIN IS		
COVER LOS INSCRIMENTALISM			REDUCED BT FA	AID CLAIIVIS.		
TENTES MOSTLES (*) BACIO	BROAD SPECIA					
COVERAGE / PERILS / FORMS Business Personal Property	* ***		UNT OF INSURANCE	DEDUCTIBLE		
Building Betterments & Improvements		\$406	On the same of the	\$1000		
Newly Acquired Business Personal Property		\$191 \$100	A. Carrier			
Loss of Income & Extra Expense		1 4		10 Mantha		
Dependent Property - Loss of Income		\$5,0	al Loss Sustnd	12 Months		
Utility Interruption - Loss of Income		15.00				
Glass Expenses		\$10, \$10,				
Back-Up of Sewer or Drain						
Spoilage - On Premises/Off Premises		\$15,				
Food Contamination - Per Occurrence		100011000000000000000000000000000000000	000/\$5,000			
		\$10,	J00			
REMARKS (Including Special Conditions)						
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED IN DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE THE EXPIRATION	ON DATE THEREOF	, NOTICE WILL E	BE		
ADDITIONAL INTEREST			0.000			
NAME AND ADDRESS	X ADDITIONAL INSURED	LENDER'S LOSS PAY	ABLE LC	SS PAYEE		
KILWINS CHOCOLATES FRANCHISE, INC.	MORTGAGEE					
KILWIN'S QUALITY CONFECTIONS INC.	LOAN#					
1050 BAY VIEW ROAD						
PETOSKEY, MI 49770	AUTHORIZED REPRESENTATI	VE a	-^			
0. 0 1 1 A A						
	NAID NOI DIAM	M Vera Mo.	Ne trong	Oucon I CAL		
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