

CERTIFICATE OF LIABILITY INSURANCE

01/06/2022

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).

Cerunical	e noider in hea or saon endorsement(s).			_		
PRODUCER	SKIP SORENSEN, AGENT	NAME: Brenda Sorensen				
	300 S COUNTY FARM RD, STE D	PHONE (A/C, No, Ext): 630-588-9590 Ext 227	X (C, No): 630-588-9626	_		
	WHEATON, IL 60187-2438	E-MAIL ADDRESS: Brenda.Sorensen.skn0@StateFarm.com				
INSURANCE		INSURER(S) AFFORDING COVERAGE	NAIC#	-		
INSVEANCE		INSURER A : State Farm Fire and Casualty Company	25143			
INSURED	REPUBLIC SYSTEMS, LLC	INSURER B : State Farm Mutual Automobile Insurance Co	ompany 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 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.

NSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
A	GENERAL LIABILITY		Y				EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR			93-KJ-X431-4	09/19/2021	09/19/2022	MED EXP (Any one person)	\$	10,000
	X PRIMARY & NON-CONTRIB.			33-NJ-N431-4	09/19/2021	USITSIEUZE	PERSONAL & ADV INJURY	\$	1,000,000
	HIRED & NONOWNED AUTOS GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO-							\$	
В	AUTOMOBILE LIABILITY	Y	Y		- William		COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO	<u></u>	الناا	P16 9559-F16-13K	12/16/2021	06/16/2022	BODILY INJURY (Per person)	\$	1,000,000
	ALL OWNED SCHEDULED			1 10 3000-1 10-1010	12/10/2027	00.100-	BODILY INJURY (Per accident)	\$	1,000,000
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	100,000
	AUTOS							\$	
Α	X UMBRELLA LIAB X OCCUR	V	Y	93-GY-U086-9	12/29/2021	12/29/2022	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MAD	<u> </u>	انا	93-91-0000-9	12/25/2021	12/20/2022	AGGREGATE	\$	1,000,000
	DED X RETENTION\$ 10,000							\$	
A	WORKERS COMPENSATION						X WC STATU- TORY LIMITS OTH- ER		
^	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1		00 1/4 85004 5	04/00/0004	01/29/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICE/MEMBER EXCLUDED?	N/A	Y	93-K1-M961-5	01/29/2021		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			93-LH-J647-3	01/29/2022	01/29/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	DESCRIPTION OF OF ENAMONS DEIOW	T		28					
		-	4						
		1							

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 ***

CERTIF	ICATE	HOL	DER
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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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