



MUSCENT-01

GLEWIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2025

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 Chalk & Gibbs Inc. 1006 Arendell St Morehead City, NC 28557-4143	CONTACT NAME:		
	PHONE (A/C, No, Ext): (252) 726-3167 FAX (A/C, No): (252) 726-1437		
	E-MAIL ADDRESS:		
INSURED Musco Enterprises, LLC PO Box 5590 Emerald Isle, NC 28594	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Security National Ins Co		
	INSURER B :		
	INSURER C :		
	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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		X	SWC1570320	7/2/2025	7/2/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							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)

CERTIFICATE HOLDER

CANCELLATION


Kilwins Chocolates Franchise Inc. & Kilwins
Quality Confections, Inc.
1050 Bay View Rd.
Petoskey, MI 49770

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

POLICY INFORMATION PAGE ENDORSEMENT

Insured: Musco Enterprises Policy No: SWC1570320
Policy Period: 7/2/2025 to 7/2/2026 Endorsement No: 1
Carrier Name: Security National Insurance Company Endmt Effective: 7/2/2025

Authorized Rep: 

The following item(s)

- ☐ Insured's Name (WC 89 06 01)
- ☐ Policy Number (WC 89 06 02)
- ☐ Effective Date (WC 89 06 03)
- ☐ Expiration Date (WC 89 06 04)
- ☐ Insured's Mailing Address (WC 89 06 05)
- ☐ Experience Modification (WC 89 04 06)
- ☐ Producer's Name (WC 89 06 07)
- ☐ Change in Workplace of Insured (WC 89 06 08)
- ☐ Insured's Legal Status (WC 89 06 10)
- ☐ Item 3.A. States (WC 89 06 11)
- ☐ Item 3.B. Limits (WC 89 06 12)
- ☐ Item 3.C. States (WC 89 06 13)
- ☐ Item 3.D. Endorsement Numbers (WC 89 06 14)
- ☐ Item 4.* Class, Rate, Other (WC 89 04 15)
- ☐ Interim Adjustment of Premium (WC 89 04 16)
- ☐ Carrier Servicing Office (WC 89 06 17)
- ☐ Interstate/Intrastate Risk ID Number (WC 89 06 18)
- ☐ Carrier Number (WC 89 06 19)
- ☐ Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

Specific Waiver of subrogation is added to the policy in favor of: Kilwins Chocolates Franchise Inc. & Kilwins
Name (cont.): Quality Confections Inc.
1050 Bay View Road Petoskey 49770 MI
Class code 8006 - 50000
Start Date: 2025-07-02 to End Date: 2026-06-03
Adding form(s): WC990001B_Class WC990001B_PmtSched

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Musco Enterprises

Policy Number: SWC1570320

EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS

Classifications	# of Emps	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remun.	Estimated Annual Premium
North Carolina					
Store: Dairy Products—Retail	3	8006	50,000	1.32	660
Manual Premium					660
Total Manual Premium					660
Waiver of Subrogation:					
Kilwins Chocolates Franchise Inc. & Kilwins		0930			100
Premium for Increased Limits Part Two: 0.8% (500/500/500)		9807			6
Premium to Equal Increased Limits Minimum Charge		9848			69
Total Premium Subject To Experience Modification					835
Experience Modification N/A					835
Schedule Modifier -10%		9887			-83
Terrorism 0.7%		9740			4
Catastrophe (other than Terrorism) 1%		9741			5
Expense Constant		0900			100
Total NC Premium					861
Total NC Cost					861
TOTAL ESTIMATED ANNUAL PREMIUM					861
STATE ASSESSMENT					0
TOTAL COST					861
POLICY COST BEFORE ENDORSEMENT					771
TOTAL ENDORSEMENT PREMIUM CHANGE					90

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
POLICY

INFORMATION PAGE

Insured: Musco Enterprises

Policy Number: SWC1570320

PAYMENT SCHEDULE

Statement Closing Date	Payment Due Date	Description	Amount Due
	7/18/2025	Annual Premium Due	\$771.00
	7/27/2025	Endorsement	\$90.00
			Total Cost \$861.00

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Kilwins Chocolates Franchise Inc. & Kilwins Quality Confections Inc.
1050 Bay View Road
Petoskey, MI. 49770

Ice Cream Store

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	7/2/2025	Policy No.	SWC1570320	Endorsement No.	1
Insured	Musco Enterprises			Premium \$	861
Insurance Company	Security National Insurance Company				

Countersigned by _____

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	7/2/2025	Policy No.	SWC1570320	Endorsement No.	1
Insured	Musco Enterprises			Premium \$	861
Insurance Company	Security National Insurance Company				

Countersigned by _____

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 7/2/2025
Insured Musco Enterprises

Policy No. SWC1570320

Endorsement No. 1
Premium \$861

Insurance Company Security National Insurance
Company

Countersigned by _____

WC 00 04 19
(Ed. 1-01)

Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

State	Schedule	Premium
NC	Rate 0.010	\$5.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	7/2/2025	Policy No.	SWC1570320	Endorsement No.	1
Insured	Musco Enterprises			Premium \$	861
Insurance Company	Security National Insurance Company				

Countersigned by _____

WC 00 04 21 F

(Ed. 08-2022 Countrywide, Ed. 07-2022 in Texas)

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