

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2019

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).

Certificate floider in fled of such endorsement(s).							
PRODUCER		CONTACT Trish Warren					
Gracey Backer Inc			PHONE (A/C, No, Ext): (561) 276-6055	FAX (A/C, No): (561) 265-0034			
275 George Bush Blvd			E-MAIL ADDRESS: trish@gbifl.com				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
Delray Beach	FL	33444	INSURERA: First Community Insurance Co	mpany	13990		
INSURED			INSURER B: Starstone National Ins Co				
TK Confections LLC			INSURERC: Associated Industries Ins Co)	23140		
4142 Legendary Dr			INSURER D :				
			INSURER E :				
Destin	FL	32541-5389	INSURER F:				
COVERAGES CERTIFICATE NUMBER: CL1961832543 REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED RELOW HAVE REEN ISSUED TO THE INSURED NAMED AROVE FOR THE POLICY PERIOD							

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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000
			х	Y	09 0004999708 6 05	6/23/2019	6/23/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN	L'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS	x	Y	09 0004999708 6 05	6/23/2019	6/23/2020	BODILY INJURY (Per accident)	\$	
İ	х	HIRED AUTOS × NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED RETENTION \$	Х		82897K195ALI	6/23/2019	6/23/2020		\$	
		EKERS COMPENSATION EMPLOYERS' LIABILITY						x PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	Y	AWC1131086		6/22/2020	E.L. EACH ACCIDENT	\$	1,000,000
¢						6/22/2019		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						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 is Additional Insured; Waiver of Subrogation applies to General Liability, Auto
Liability, Umbrella & Employers Liability; 30-day notice of cancellation/non-renewal - except Workers

Compensation

CFRT	IEIC	ATE	LOI	DED

KILWINS CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC 1050 BAY VIEW RD 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

Trish Warren/TW

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