

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/05/2022

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(les) 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						CONTACT Deborah Jackson					
Greystone Insurance						NAME: Debotal 32CSS01 PHONE (828) 264-2626 (A/C, No, Ext): (828) 264-8985 (A/C, No): (828) 264-8985					
a div of LifeStore Insurance						E-MAIL disekson@golifesters.com					
148 Hwy 105 Ext, Ste 204						ADDRESS.					
Boone NC 28607					INSURER(S) AFFORDING COVERAGE NAIC #  INSURER A . Hartford Ins Co SE 38261						
INSURED						INSURERA.					
Bilcat Inc						INSURER B:					
PO Box 682						INSURER C:					
	1 0 800 002				INSURER D:						
Plu to Post			NO COCOE OCCO	INSURER E :							
Blowing Rock			NC 28605-0682			INSURER F:				L	
	COVERAGES CERTIFICATE NUMBER: 22-23						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	ADDLIS INSD V	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	IMERCIAL GENERAL LIABILITY					1		EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person) \$			
			1					PERSONAL & ADV INJURY	s		
GEN'L AG	GREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POL								PRODUCTS - COMP/OP AGG	s		
ОТН								111020010 - 001111101 700	\$		
<del></del>	BILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY	AUTO							BODILY INJURY (Per person)	\$		
l move								BODILY INJURY (Per accident)	\$		
HIRE	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE \$ (Per accident)			
H^"	OS ONLY AUTOS ONLY		ŀ					(Fel accident)	\$		
UMB	RELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXC	ESS LIAB CLAIMS-MADE							AGGREGATE	s		
DED		1						AGOREGAIL	\$		
WORKERS COMPENSATION						PER OTH- STATUTE ER	•				
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	s 1,00	0,000		
				22WECAJ80JZ		01/01/2022	01/01/2023	E.L. DISEASE - EA EMPLOYEE		0,000	
If yes, desc								E.L. DISEASE - POLICY LIMIT	s 1,00	0,000	
DESCRIE!	ion of or cromono bulow							E.E. DIGENCE TO CLOT CHAIT	<u> </u>		
										į	
DESCRIPTION O	F OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 10	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Waiver of Transfer of Rights and 30 Day Notice in favor of Kilwins Chocolates Franchise Inc. and Kilwin's Quality Confections Inc. Per WC 00 03 13 and WC											
32 03 01 D											
CERTIFICATE HOLDER						CANCELLATION					
CERTIFICAT	E NOLDER			<del> </del>	CANC	ELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
											Kilwins Chocolates Franchise Inc. and Kilwin's
Quality Confections Inc.						AUTHORIZED REPRESENTATIVE					
1050 Bay View Road											
Petoskey MI 49770-9006					Dubby Coles						



## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

Policy Number: 22 WEC AJ80JZ Endorsement Number:

Effective Date: 01/01/22 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Bilcat Inc

PO Box 682

**BLOWING ROCK NC 28605** 

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

#### **SCHEDULE**

Any person or organization for whom you are required by contract or agreement to obtain this waiver from us. Endorsement is not applicable in KY, NH, NJ or for any MO construction risk

Countersigned by	· · · · · · · · · · · · · · · · · · ·	
		Authorized Depresentative

Form WC 00 03 13 Printed in U.S.A. Process Date: 11/22/21

Policy Expiration Date: 01/01/23



## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

Policy Number: 22 WEC AJ80JZ Endorsement Number:

Effective Date: 01/01/22 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: Bilcat Inc

PO Box 682

**BLOWING ROCK NC 28605** 

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in Item 3.A. of the Information Page.

The Cancellation Condition of the policy is replaced by this Condition:

#### D. Cancellation and Nonrenewal

- 1. You may cancel this policy.
  - If you cancel this policy, you must mail or deliver advance written notice to us stating when the cancellation is to take effect.
- 2. We may cancel this policy.
  - (a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.
  - (b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:
    - (1) Nonpayment of premium in accordance with the policy terms.
    - (2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in

- obtaining the policy, continuing the policy, or presenting a claim under the policy.
- (3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.
- (4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.
- (5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.
- (6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by
- (7) Loss of faculative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.
- (8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk
- (9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.
- (10)You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.

Form WC 32 03 01 D Printed in U.S.A.

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Process Date: 11/22/21

Policy Expiration Date: 01/01/23