CWEGMAN



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2019

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 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 Cathy Wegman					
Risk Management Insurance ACENTRIA INSURANCE	PHONE (A/C, No, Ext): (239) 278-3939	FAX (A/C, No): (239) 278-4853				
28 Barkley Circle	E-MAIL ADDRESS: cathy@riskmgmtins.com					
Fort Myers, FL 33907	INSURER(S) AFFORDING COVER	AGE NAIC#				
	INSURER A: Ohio Casualty	24074				
INSURED	INSURER B : Ohio Security Insurance Co.	. 24082				
Larson, Wulff, Inc dba Kilwins Deerfield Beach	INSURER C:					
18260 Creekside View Dr.	INSURER D :					
Fort Myers, FL 33908	INSURER E :					
	INSURER F:					
COVEDACES CERTIFICATE NUMBER.	DEVICION	NUMBED.				

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.

					REDUCED BY	PAID CLAIMS.				
	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
Х	COMMERCIAL GENERAL LIABILITY					,,,,,,,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	$ \mathbf{x} $	Х	BKO58371523	3/4/2019	3/4/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
							MED EXP (Any one person)	\$	15,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO	Х	Х	BAS56253229	7/21/2018	7/21/2019	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							\$		
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE		Х	USO58371523	3/4/2019	3/4/2020	AGGREGATE	\$		
	DED X RETENTION \$ 10,000							\$	1,000,000	
	EMDI OVEDE' I IADII ITV						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$		
1.	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
	AUT  X  WORD  ANY OFF	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PECT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY  X HIRSD AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X HIRED CLAIMS-MADE EXCESS LIAB CLAIMS-MADE X UMBRELLA LIAB DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERS/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X X  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRODUCY LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE X X X  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROTOLOG OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X LIMBELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE   ADDL   SUBR   POLICY NUMBER   POLICY EFF (MM/DD/YYYY)    X COMMERCIAL GENERAL LIABILITY   X X   BKO58371523   3/4/2019    GEN'L AGGREGATE LIMIT APPLIES PER:   POLICY   PRO-   Loc   OTHER:   AUTOMOBILE LIABILITY   ANY AUTOS ONLY   AUTOS ONLY   X   AUTOS ONLY	TYPE OF INSURANCE  INSD WVD POLICY NUMBER  (MM/DD/YYYY) (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X X BKO58371523  3/4/2019  3/4/2020  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS AUTOS ONLY  X MON-OWNED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS X HIRED CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETORIPARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE  ADDI SUBB (MND) W/D POLICY NUMBER  POLICY EFF, (MM/DD/YYYY) POLICY EFF, (MM/D	TYPE OF INSURANCE   ADDL SUBR   POLICY NUMBER   POLICY FEFF   POLICY EXP   (MM/DD/YYYY)   (MM/DD/YYYY)   POLICY EXP   (MM/DD/YYYY)   (MM/DD/YYYYY)   (MM/DD/YY	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Ice Cream Stores

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, Auto Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability and Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. 30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverages. Coverages listed are minimum requirements. Ohio Casualty has an AM Best rating of A.

CERTIFICATE HOLDER	CANCELLATION		
Kilwins Chocolates Franchise Inc Kilwins Quality Confections, Inc. 1050 Bay View Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Petoskey, MI 49770	Earl J Rausch		
	and g		