

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2019

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).

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	UCER	CONTACT Deborah Jackson									
Grey	stone Insurance		PHONE (828) 264-2626 FAX (A/C, No): (828) 264-8985					64-8985			
a div	of LifeStore Insurance				E-MAIL ADDRE	ss. djackson@	golifestore.co	m	(a a c)		
148 Hwy 105 Ext, Ste 204											NAIC#
Boor	e			NC 28607	INSURER A : Cincinnati Casualty Company					28665	
INSUF					INSURER B:						
	Willbran Too Inc.				INSURER C:						
Po Box 682						INSURER D:					
PU BUX 002											
Blowing Rock NC 28605-0682					INSURER E: INSURER F:						
COVERAGES CERTIFICATE N			NUMBER: CL193211644								
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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rence)	\$	
								MED EXP (Any one p		\$	
								PERSONAL & ADV II	NJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP	OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANYAUTO	l						BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Æ	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$	1								\$	
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	EWC 0310642		03/18/2019	03/18/2020	E.L. EACH ACCIDEN	ıτ	s 1,00		
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			2440 0310042			E.L. DISEASE - EA E	MPLOYEE	\$ 1,00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	0,000
		1									
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL										
	er of Transfer of Rights and 30 Day Notice	in fav	or of I	Kilwins Chocolates Franchise	Inc and	Kilwin's Qualit	y Confections I	nc. per WC 00 03	13, WC 98	3	
06 3	J.A.										
CER	TIFICATE HOLDER				CANC	ELLATION					
Kilwins Chocolates Franchise Inc and Kilwin's Quality Confections Inc.						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					
1050 Bay View Road					01.6						
	Petoskey			MI 49779			au	mapristones	<u> </u>		
							@ 1988-2015	ACORD CORPO	RATION.	All ria	hts reserved.

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 AND KILWIN'S QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY, MI 49770-9006

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 03-18-2019 Policy No.EWC 031 06 42-05 Endorsement No.

insured WILLBRAN TOO INC

Insurance Company THE CINCINNATI CASUALTY COMPANY

Premium \$INCL

Countersigned by

CANCELLATION OR NONRENEWAL BY US NOTIFICATION TO A DESIGNATED ENTITY

This endorsement modifies insurance provided under the following:

WORKERS	COMPENSATION	AND EMPLOYERS	LIABILITY INSURA	NCE POLICY
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Number of days' notice (other than nonpayment of premium): __30_____

- If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in Schedule before the effective date of cancellation or nonrenewal.
- If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 10 days before the effective date of cancellation.
- 3. If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
- 4. In no event will coverage extend beyond the actual date of the actual expiration, termination or cancellation of the policy.

Notwithstanding the provisions above, in no event will the number of days' notice for cancellation or for nonrenewal be fewer than the number of days required by law.

SCHEDULE

Name and mailing address of person(s) or organization(s):

KILWINS CHOCOLATES FRANCHISE INC AND KILWIN'S QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY, MI 49770-9006

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Endorsement Effective 03-18-2019 Policy No. EWC 031 06 42-05 Endorsement No.

Insured WILLBRAN TOO INC
Insurance Company THE CINCINNATI CASUALTY COMPANY Premium \$INCL
Countersigned by