

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/07/2020

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.

. ADDITIONAL INCUDED 4

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).														
_			ot comer rights t		COTA	medic noider in ned or st	CONTACT SHARON DANIELSON							
PRODUCER  StateFarm CAMILLE LOGOTHETIS			S			PHONE 630,000,4400 FAX 630,004,4404								
			ASSERT BLVD		102		PHONE (A/C, No, Ext): 630-904-4400 FAX (A/C, No): 630-904-4404							
(		) .			100	!	E-MAIL ADDRESS: SHARON.DANIELSON.QG9S@STATEFARM.COM							
NAPERVILLE, IL 60564			` .				NAIC#							
							INSURER A: State Farm Fire and Casualty Company					25143		
INSU	RED					'	INSURER B: State Farm Mutual Automobile Insurance Company					25178		
			ES SWEET SHO	PINC	;.	i	INSURE							
		132 S 1ST S	ST			'	INSURE							
		ST CHARLE	ES, IL 60174-287	3			INSURE							
							INSURER F:							
CO	VER,	AGES	CER	TIFIC	CATE	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.										WHICH THIS				
INSR LTR		TYPE OF INSU		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	CLAIMS-MADE OCCUR				Y					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,00 \$ 300			
									10/01/2020	MED EXP (Any one person)	s 10,000			
Α						93-KK-D709-4	İ	10/01/2019		PERSONAL & ADV INJURY	0.000.00			
	GEN	L AGGREGATE LIMIT	APPLIES PER:	ļ					,	GENERAL AGGREGATE	s 4,000,000			
		POLICY PRO-	Loc							PRODUCTS - COMP/OP AGG	s 4,00	000,00		
		OTHER:								BUS PROP	\$ 212	,500		
	_	OMOBILE LIABILITY		Υ	Υ	E68 9047-A23-13		01/23/2019	07/23/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000		
		ANY AUTO								BODILY INJURY (Per person)	s			
В		OWNED AUTOS ONLY AUTOS NON-OWNED								BODILY INJURY (Per accident)	it) \$			
	$\nabla$									PROPERTY DAMAGE	\$	- · = -		
	$\sim$	AUTOS ONLY	ITOS ONLY AUTOS ONLY							(Per accident)	S			
	$\forall$	UMBRELLA LIAB	PRELIA LIAR							FACH OCCUPATION	s 1,00	0.000		
Α	$\sim$	EXCESS LIAB	OCCUR	E Y	Y	93-G9-F601-7		01/05/2020	01/05/2021	EACH OCCURRENCE		,		
^			CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION									PER STATUTE ER	\$			
	AND I	EMPLOYERS' LIABILIT	MPLOYERS' LIABILITY Y/N					10/01/2019	10/01/2020		s 1,00	ID 000		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A	\ Y	93-KA-M567-0				E.L. EACH ACCIDENT	4 000 000			
	(Mane	andatory In NH) res, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	4 000 000			
	DÈSC	CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	10,000		
DES	RIPTI	ON OF OPERATIONS	LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if moi	re space ls requi	red)				
						LWIN'S QUALITY CONFE								
	NON-CONTRIBUTORY BASIS WITH REGARDS TO GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA. WAIVER OF SUBROGATION WITH													
	REGARDS TO WORKERS' COMPENSATION/EMPLOYERS LIABILITY, GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA IN FAVOR OF KILWINS CHOCOLATES FRANCHISE, INC. AND KILWIN'S QUALITY CONFECTIONS, INC.													
IVIL	MILLYRING CHOOCLATEG PRANCHIGE, INC. AND MEVYING QUALITY CONFECTIONS, INC.													
*30 DAY NOTICE OF CANCELLATION OR NON-RENEWAL TO BE GIVEN TO FRANCHISOR ON ALL COVERAGES.														
CERTIFICATE HOLDER								CANCELLATION						
TH									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
		KILWINS CI	HOCOLATES FR	ANC	HISE	, INC.	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.						

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KILWIN'S QUALITY CONFECTIONS INC.

1050 BAY VIEW ROAD

PETOSKEY.

MI 49770

AUTHORIZED REPRESENTATIVE



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(jes) must have ADDITIONAL INSURED provisions or be endorsed.

lf	SUBRO	GATION IS	S W	AIVED, subject	t to ti	ne te	rms and conditions of the ificate holder in lieu of su	he poli	cy, certain p	olicies may						
this certificate does not confer rights to the certificate holder in lieu of su								CONTACT SHARON DANIELSON								
StateFarm CAMILLE LOGOTHETIS			S			PHONE (A/C, No, Ext); 630-904-4400				FAX (A/C, No): 630-904-4404						
}				ASSERT BLVD		183		I E-MAIL	STABO		N OG9S@STATI					
(	<b>9</b>			VILLE, IL 60564				ADDRESS: SHARON:DANIELSON:QUESTATE								
		INA	-61	VILLE, IL 00304	•			INSURER(s) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company						NAIC #		
										25143						
INSU	IRED						•	INSURER B: State Farm Mutual Automobile Insurance Company						25178		
		NAPERV	/ILLE	E SWEET SHOI	PS, IN	IC.		INSURER C:								
		36 W JEI	FFE	RSON AVE				INSURER D :								
		NAPERV	/ILLE	E, IL 60540-530	9			INSURER E :								
								INSURE	RF:							
CO	VERAG	ES		CEF	RTIFIC	ATE	NUMBER:				REVISION NUM	IBER:				
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								E AFFORDED BY THE POLICIES DESCRIBED HE MAY HAVE BEEN REDUCED BY PAID CLAIMS.				TIENER IS SUBSECT TO ALL THE TERMS,				
INSR		TYPE OF I			ADDL SUBRINSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMITS				
LTR	V co	MMERCIAL GE			INSD	WVD	FOLICT RUMBER		TWINN DOLL A A A A	(ALLLICIONMAN)	EACH OCCURRENC		1,000	0.000		
	CLAIMS-MADE OCCUR									DAMAGE TO RENTI PREMISES (Ea occu		300,0				
					1	1	1				MED EXP (Any one	person) \$	10,00			
Α	GEN'L AGGREGATE LIMIT APPLIES PER:			Y	Y	93-J9-J114-2		01/05/2020	01/05/2021	PERSONAL & ADV		1,000				
										GENERAL AGGREC	SATE \$	2,000	0,000			
	POL	LICY PR	0- CT	LOC							PRODUCTS - COMP	P/OP AGG   \$	2,000	0,000		
	OTHER:										\$					
	AUTOMOBILE LIABILITY			Υ	Υ	E68 9047-A23-13		01/23/2019	01/23/2021	COMBINED SINGLE (Ea accident)	LIMIT \$	1,000	0,000			
	ANY	Y AUTO	то					ļ		,	BODILY INJURY (Pe		• • •			
В	ow	OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY								BODILY INJURY (Pe	er accident) \$					
				NON-OWNED							PROPERTY DAMAG (Per accident)	SE \$				
	Z X AUI	I US UNLY		AUTUS ONLY							(Fer accident)	\$				
	UMI	BRELLA LIAB	OCCUR		<del>                                     </del>						EACH OCCURRENC	CF 5	1.000	0,000		
Α	Z_X	EXCESS LIAB CLAIMS-MADE		Y	Y	93-G9-F601-7		01/05/2020	01/05/2021	AGGREGATE	\$					
	OBAINO-NIABE				1						AGGREGATE	s				
	DED RETENTION \$ WORKERS COMPENSATION				+						PER STATUTE	OTH- ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	Υ			01/04/2020	01/23/2021			1,000	000			
Α						93-J0-E259-4										
									1	4.00						
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - POL	ICY LIMIT   \$	1,000	3,000 /		
										<u>'</u>						
							0 101, Additional Remarks Schedu					IDED ON D	DIMA	DV AND		
	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, AUTOMOBILE LIABILITY AND UMBRELLA. WAIVER OF SUBROGATION WITH REGARDS TO WORKERS' COMPENSATION/EMPLOYERS LIABILITY, GENERAL LIABILITY, AUTOMOBILE LIABILITY, UMBRELLA IN FAVOR OF															
							LWIN'S QUALITY CONFE				o loiert i j oitibit			<b>.</b>		
		,	•						•							
*30 DAY NOTICE OF CANCELLATION OR NON-RENEWAL TO BE GIVEN TO FRANCHISOR ON ALL COVERAGES.																
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CE	CERTIFICATE HOLDER								CANCELLATION							
	· · · · · · · · · · · · · · · · · · ·							T								
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
								THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
I	KILWINS CHOCOLATES FRANCHISE, INC.									ACCORDANCE WITH THE PULICY PROVISIONS.						

MI 49770

AUTHORIZED REPRESENTATIVE

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1050 BAY VIEW ROAD

PETOSKEY,