

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2022

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 liquid found and propagates).

tł	is certificate does not confer rig	to the	certif	icate holder in lieu of such	n endo		inay roquiro	an endorsement /	7 3/4/011101		
PRODUCER						CONTACT Deborah Jackson					
Greystone Insurance						PHONE (A/C, No, Ext): (828) 264-2626 FAX (A/C, No): (828) 264-8985					
a div of LifeStore Insurance						PHONE (828) 264-2626 FAX (A/C, No): (828) 264-8985 E-MAIL ADDRESS: djackson@golifestore.com					
148 Hwy 105 Ext, Ste 204						INSURER(S) AFFORDING COVERAGE					
Boone NC 28607						INSURER A: Security National Insurance Co					
INSURED						INSURER B:					
Willbran, Inc.						INSURER C:					
Po Box 682					INSURER D:						
						INSURER E:					
Blowing Rock			NC 28605			INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL2241222416							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			L SUBR	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$			
l	CLAIMS-MADE OCCUP	٦						DAMAGE TO RENTED PREMISES (Ea occurrence	ce) \$		
l								MED EXP (Any one perso	on) \$		
l								PERSONAL & ADV INJUR	RY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	-	
l	POLICY PRO-							PRODUCTS - COMPIOP	AGG \$		
	OTHER:								\$		
İ	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	\$		
l	ANY AUTO	Ī	1					BODILY INJURY (Per pers	son) \$		
	OWNED SCHEDULE AUTOS		1					BODILY INJURY (Per acci	ident) \$	2	
	HIRED NON-OWNI AUTOS ON	ED LY						PROPERTY DAMAGE (Per accident)	\$		
						_, .		•	\$		
	UMBRELLA LIAB OCCUF	₹						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS	S-MADE						AGGREGATE	\$		
<u> </u>	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	V.,,						PER C STATUTE E	OTH- ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE		\l	SWC1379563		03/15/2022	03/15/2023	E.L. EACH ACCIDENT	s 1,	,000,000	
	(Mandatory in NH)	```اك						E.L. DISEASE - EA EMPL	.016619	,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT s 1,	,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	ver of Transfer of Rights and 30 Day	Notice in fa	vor of I	Kilwins Chocolates Franchise	Inc and	Kilwin's Quality	y Confections I	nc. per WC 00 03 13,	WC 89		
06 14											
ı											
CEF	TIFICATE HOLDER		,	CANC	CANCELLATION						
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											
•						- Th					
Petoskey MI 49770						Eddon Coles					

POLICY INFORMATION PAGE ENDORSEMENT Insured: Willbran, Inc. Policy No: SWC1379563 Policy Period: 3/15/2022 to 3/15/2023 **Endorsement No:** 5 Carrier Name: Security National Insurance Company Endmt Effective: 3/15/2022 14/2 Authorized Rep: The following item(s) ☐ Insured's Name (WC 89 06 01) ☐ Item 3.B. Limits (WC 89 06 12) □ Policy Number (WC 89 06 02) ☐ Item 3.C. States (WC 89 06 13) ☐ Effective Date (WC 89 06 03) Item 3.D. Endorsement Numbers (WC 89 06 14) ☐ Expiration Date (WC 89 06 04) Item 4.* Class, Rate, Other (WC 89 04 15) ☐ Insured's Mailing Address (WC 89 06 05) ☐ Interim Adjustment of Premium (WC 89 04 16) ☐ Experience Modification (WC 89 04 06) ☐ Carrier Servicing Office (WC 89 06 17) ☐ Producer's Name (WC 89 06 07) □ Interstate/Intrastate Risk ID Number (WC 89 06 18) ☐ Change in Workplace of Insured (WC 89 06 08) ☐ Carrier Number (WC 89 06 19) ☐ Insured's Legal Status (WC 89 06 10) ☐ Issuing Agency/Producer Office Address (WC 89 06 25)

Waiver of subrogation is amended to read:

☐ Item 3.A. States (WC 89 06 11)

is changed to read:

Kilwins Chocolate Franchise Inc, & Kilwins Quality Confections Imc, 1050 Bay View Road, Petoskey, MI 49770 amending form WC000313

POLICY INFORMATION PAGE ENDORSEMENT

Insured:

Willbran, Inc.

Policy No:

SWC1379563

Policy Period:

3/15/2022 to 3/15/2023

Endorsement No:

1

Carrier Name:

Security National Insurance Company Endmt Effective:

3/15/2022

Authorized Rep:

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The following item(s)

☐ Insured's Name (WC 89 06 01)

□ Policy Number (WC 89 06 02)

☐ Effective Date (WC 89 06 03)

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☐ Insured's Mailing Address (WC 89 06 05)

☐ Experience Modification (WC 89 04 06)

☐ Producer's Name (WC 89 06 07)

☐ Change in Workplace of Insured (WC 89 06 08)

☐ Insured's Legal Status (WC 89 06 10)

□ Item 3.A. States (WC 89 06 11)

is changed to read:

☐ Item 3.B. Limits (WC 89 06 12)

☐ Item 3.C. States (WC 89 06 13)

X Item 3.D. Endorsement Numbers (WC 89 06 14)

☐ Item 4.* Class, Rate, Other (WC 89 04 15)

☐ Interim Adjustment of Premium (WC 89 04 16)

☐ Carrier Servicing Office (WC 89 06 17)

☐ Interstate/Intrastate Risk ID Number (WC 89 06 18)

☐ Carrier Number (WC 89 06 19)

☐ Issuing Agency/Producer Office Address (WC 89 06 25)

Adding 3rd party notice of cancellation in favor of: Kilwins Chocolates Franchise Inc. & Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey, MI 497770