### AKEPNER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/05/2018

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).

Hendersons Insurance Agency, Inc. 6548 Bright Ave Whittier, CA 90601						NAME: PHONE (A/C, No, Ext): (562) 698-9644 E-MAIL ADDRESS:			FAX (A/C, No):(562) 696-7082	
	,	, 67, 6666				INSURER(S) AFFORDING COVERAGE				NAIC #
						INSURER A : Ohio Security Insurance Company				24082
INSU	RED					INSURER B : Liberty Mutual				
		Sweet Fun, Inc. DBA: Kilwir	าร			INSURER C:				
		1380 Atlantic Drive NW Ste				INSURER D:				
		Atlanta, GA 14160				INSURER E :				
						INSURER F:				
COVERAGES CERTIFICATE NUMBER: 1										
C E	DIC/ ERTI	S TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECTT	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	V	V	BZS58601410	04/01/2018	04/01/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000 Included
		SEATING INVASE A COCCIA	X	X	D2330001410	04/01/2010	04/01/2018	PREMISES (Ea occurrence)	\$	15,000
								MED EXP (Any one person)	\$	Included
	051	A CORECATE LIMIT APPLIES BED.						PERSONAL & ADV INJURY	\$	4,000,000
	X	POLICY PRO- POLICY PRO- JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	4,000,000
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO	Χ	Х	BAS58601410	04/01/2018	04/01/2019	BODILY INJURY (Per person)	\$	
	Х	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY HIRED X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
		ACTOC CILET						•	\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE	Х		USO58601410	04/01/2018	04/01/2019	AGGREGATE	\$	5,000,000
		DED X RETENTION\$ 10,000							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						04/01/2019	X PER OTH-		
					XWS58601410	04/01/2018		E.L. EACH ACCIDENT	\$	1,000,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
		ION OF OPERATIONS / LOCATIONS / VEHIC CATE HOLDERS ARE NAMED ADD Y AND NON-CONTRIBUTORY WOR					re space is requii	red) RACT		
		LA COVERAGE IS FOLLOW FORM								

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

& KILWINS QUALITY CONFECTIONS INC 1050 Bay View Road Petoskey, MI 49770

AUTHORIZED REPRESENTATIVE

Ken Henderlan

ACORD

License # 0415724



# **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 6/5/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE COVERAGE AFFORDED BY THE POLICIES BELOW. THI ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR	E DOES NOT AFFIRMATIVELY OR N IS EVIDENCE OF INSURANCE DOES	IEGATIVELY AMEND, EXTEND NOT CONSTITUTE A CONTRACT	OR ALTER THE			
AGENCY PHONE (A/C, No, Ext): (562) 698-9644	COMPANY	Campany				
Hendersons Insurance Agency, Inc. 6548 Bright Ave Whittier, CA 90601	Ohio Security Insurance	Company				
FAX (A/C, No): (562) 696-7082 E-MAIL ADDRESS:						
CODE: SUB CODE:						
AGENCY CUSTOMER ID #: SWEEFUN-01 License # 0415724						
INSURED Sweet Fun, Inc. DBA: Kilwins 1380 Atlantic Drive NW Ste	LOAN NUMBER	POLICY NUMBER BZS58601410				
Atlanta, GA 14160	EFFECTIVE DATE	EXPIRATION DATE	IED LINTH			
	4/1/2018	4/1/2019 CONTINU	JED UNTIL TED IF CHECKED			
	THIS REPLACES PRIOR EVIDEN	CE DATED:				
PROPERTY INFORMATION						
LOCATION/DESCRIPTION LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 1380 Atlantic Dr Nw Ste 14160, Atlanta, GA 30363		Part of the second seco				
		A DOVE FOR THE DOLLOW RED				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIEVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS	TION OF ANY CONTRACT OR OTHE MAY PERTAIN THE INSURANCE AFF	R DOCUMENT WITH RESPECT ORDED BY THE POLICIES DESCR	BED HEREIN IS			
COVERAGE INFORMATION PERILS INSURED	BASIC BROAD SPECIAL					
COVERAGE / PERILS / FO	DRMS	AMOUNT OF INSURANCE	DEDUCTIBLE			
BI and PD occurrence Limit Aggregate Limit Medical expense (per person) Limit Loc # 1, Bldg # 1 Spoilage Business Income Actual Loss Sustained for 12 month period Business Personal Property; Special Form; Replacement Cost		\$2,000,00 \$4,000,00 \$15,00 \$10,00 \$500,00	0 0 0 500			
REMARKS (Including Special Conditions)						
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION	S BE CANCELLED BEFORE THE E	XPIRATION DATE THEREOF, N	OTICE WILL BE			
ADDITIONAL INTEREST						
NAME AND ADDRESS	ADDITIONAL INSURED MORTGAGEE LOAN #	LENDER'S LOSS PAYABLE	OSS PAYEE			
KILWINS CHOCOLATES FRANCHISE INC & KILWINS QUALITY CONFECTIONS INC 1050 bAY vIEW rOAD Petoskey, MI 49770	Len Henderton					

# 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 Confections, Inc., 1050 Bay View Road, Petoskey, MI 49770

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 04/01/2018

Endorsement No. 0002

Policy Effective

Premium

\$65.00

State

Policy No. XWS (19) 58 60 14 10

Insured SWEET FUN INC DBA: KILWINS

Insurance Company Ohio Security Insurance Company

Countersigned by

WC 00 03 13 (Ed. 4-84)

Copyright 1983 National Council on Compensation Insurance, Inc.

# Extension of POLICY INFORMATION PAGE ENDORSEMENT

The following is an overflow area to the Policy Information Page Endorsement:

Effective 5/21/2018 the following form WC0003 Waiver of Our Right to Recover from Others Endt

for: Kilwins Chocolates Franchise Inc. and

Kilwins

Quality Confections Inc. Address: 1050 Bay

View

Road, Petoskey, MI 49770.

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

## ADDITIONAL INSURED - GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE\*** 

#### Name of Person or Organization:

Kilwins Chocolates Franchise Inc Kilwins Quality Confections Inc 1050 Bay View Road

PETOSKEY, MI 49770

Paragraph C. WHO IS AN INSURED in the Businessowners Coverage Form is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of a franchise to you.

BP 79 48 01 07

Includes copyrighted material of Insurance Services Office, with its permission. Copyright, Insurance Services Office, Inc., 1984, 2004

<sup>\*</sup> Information required to complete this Schedule, if not shown on this Endorsement, will be shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE\*** 

Name Of Person Or Organization:

Kilwins Chocolates Franchise Inc

Paragraph K. Transfer Of Rights Of Recovery Against Others To Us in Section III - Common Policy Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

\*Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

©ISO Properties, Inc., 2004

Page 1 of 1