

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2018

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 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).

| certificate holder in lieu of such endorse   | ertain policies may require an en<br>ment(s).                   | dorsement.                                  | A state                                  | ement on this    | certificate does not o | confer rights to the |
|--|---|---|--|------------------|------------------------|----------------------|
| PRODUCER<br>JOE R SEPSEY (03833)<br>637 E GOLF RD  |   | CONTACT JOE R SEPSEY                        |  |                  |                        |                      |
|  |   |   | 847-640-7745 FAX (A/C, No): 847-640-7462 |                  |                        | 847-640-7462         |
| SUITE 202<br>ARLINGTON HEIGHTS, IL 60005-0000  |   | E-MAIL<br>ADDRESS:                          | JOE.SEPSEY@COUNTRYFINANCIAL.COM          |                  |                        |                      |
|  |   |   |  | JRER(S) AFFORDIN |                        | NAIC#                |
|  |   | INSURER A: COUNTRY Mutual Insurance Company |  |                  | 20990                  |                      |
| INSURED 4022835 HARRIS CHOCOLATIERS LLC 517 S REUTER DR  |   | INSURER 8:                                  |  |                  |                        |                      |
|  |   | INSURER C:                                  |  |                  |                        |                      |
| ARLINGTON HEIGHTS, IL 600052233  | 1   | INSURER D ;                                 |  |                  |                        |                      |
|  |   | INSURER E:                                  |  |                  |                        |                      |
| 00/1994 055  |   | INSURER F:                                  |  |                  |                        |                      |
|  | IFICATE NUMBER:   |   |  |                  | VISION NUMBER:         |                      |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCLUSIONS AND CONDITIONS OF SUCH PROPERTY. | DUIREMENT, TERM OR CONDITION (<br>ERTAIN, THE INSURANCE AFFORDE | OF ANY CONED BY THE F                       | ITRACT<br>POLICIES                       | OR OTHER DO      | CUMENT WITH RESPE      | CT TO WHICH THIS     |
| INSR TYPE OF INSUPANCE   | DOLISUBR  | POLI  | CYEFF                                    | POLICY EXP       |                        | TO.                  |

POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) GENERAL LIABILITY EACH OCCURRENCE AM9186244 \$ 1,000,000 8/8/2017 8/8/2018 DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ 50,000 CLAIMS-MADE ✓ OCCUR MED EXP (Any one person) \$ 10,000 1 BUSINESSOWNERS PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 2,000,000 PRO-✓ POLICY AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT (Ea accident) AM9186244 8/8/2017 8/8/2018 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS 1 AUTOS Covered on Businessowners UMBRELLA LIAB OCCUR AU9186279 EACH OCCURRENCE \$ 2,000,000 8/8/2017 8/8/2018 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ 2,000,000 DED / RETENTIONS 10.000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ✓ WC STATU-TORY LIMITS AW9186247 8/8/2017 8/8/2018 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PART NER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yas, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$ 1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

KILWINS CHOCOLATES FRANCHISE, INC. AND KILWON'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, (CONTINUED)

| CERTIFICATE HOLDER   | CANCELLATION   |  |  |
|--|--|--|--|
| KILWINS CHOCOLATE FRANCHISE INC<br>KILWINS QUALITY CONFECTIONS INC<br>1050 BAY VIEW RD<br>PETOSKEY, MI 49770 | 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  |  |  |

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| AGENCY CUSTOMER ID: |      |      |  |
|---------------------|------|------|--|
|                     | <br> | <br> |  |
| LOC#                |      |      |  |



## ADDITIONAL REMARKS SCHEDULE

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| AGENCY POLICY NUMBER                |                    | NAMED INSURED HARRIS CHOCOLATIERS LLC 517 S REUTER DR ARLINGTON HEIGHTS, IL 600052233 |  |  |
|-------------------------------------|--------------------|---|--|--|
| AM9186244                           |                    | 7. KEING 1 SIV HEIGHT 0, 12 000002200   |  |  |
| COUNTRY Mutual Insurance Company    | NAIC CODE<br>20990 |   |  |  |
| OCCIVITY Multidar insurance company | 20990              | EFFECTIVE DATE: 1/17/2018   |  |  |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

(REMARKS CONTINUED)

AUTOMOBILE LIABILITY, UMBRELLA IN FAVOR OF KILWINS CHOCOLATE FRANCHISE, INC. AND KILWIN'S QUALITY CONFECTIONS, INC.

UMBRELLA POLICY AU9186279 FOLLOWS FORM OF (GL) AM9186244

THE HIRED & NON-OWNED AUTO LIABILITY LIMITS HAVE BEEN INCREASED TO THE POLICY LIMITS. \$1,000,000 / \$2,000,000

#### POLICY INFORMATION:

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE INCLUDED IN THE EACH OCCURRENCE LIMIT AND GENERAL AGGREGATE LIMIT OF THE GENERAL LIABILITY

#### WAIVERS:

SUBROGATION RIGHTS DIRECTLY AGAINST THE CERTIFICATE HOLDER ARE WAIVED WITH REGARD TO WORKERS COMPENSATION. THE INSURING COMPANY WAIVES ITS RIGHTS OF SUBROGATION (RIGHTS TO RECOVER) AGAINST THE CERTIFICATE HOLDER NAMED BELOW WITH RESPECT TO ANY PAYMENTS MADE FOR LIABILITY COVERAGE(S) UNDER THE POLICY(IES) SHOWN IN THE GENERAL LIABILITY SECTION OF THIS CERTIFICATE. THE INSURANCE AFFORDED BY THIS POLICY FOR THE ADDITIONAL INSURED(S) IS PRIMARY INSURANCE AND ANY OTHER INSURANCE MAINTAINED BY OR AVAILABLE TO THE ADDITIONAL INSURED(S) IS NON-CONTRIBUTORY.

ADDITIONAL INSURED(S): KILWINS CHOCOLATES FRANCHISE, INC. KILWINS'S QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY, MI 49770

#### WORKERS COMPENSATION EXCLUSIONS:

PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY ENDORSEMENT.

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

## NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

With respect to coverage provided by this endorsement, the provisions of the Coverage Part (Policy) apply unless modified by the endorsement.

#### Cancellation

The following is added under the Cancellation Condition applicable to the Coverage Parts (Policy) listed above:

If we cancel this policy for any reason other than non payment of premium, we will mail written notice of cancellation to the certificate holder(s) on file with the Company. Notice will be provided prior to the effective date of cancellation. We will give the number of days notice as provided for in the Cancellation Condition of this policy. The notice will state the effective date of cancellation. The policy period will end on that date.

If you cancel this policy, or if we cancel for non payment of premium, we will mail written notice of such cancellation to the certificate holder(s) on file with the Company. The notice will state the date the policy was cancelled.

The notice will be mailed by first-class mail to the last known mailing address of the certificate holder(s) on file with the Company.

Any notice of cancellation provided by this endorsement applies only to the certificate holder(s) with a certificate of insurance applicable to this policy's period.

Our failure to send notice of cancellation to the certificate holder(s) will not amend, extend or alter the terms and conditions of this policy, including the cancellation of this policy.

If there is a conflict between any other policy cancellation provisions pertaining to the certificate holder(s) and this endorsement, the other policy provisions shall control.

Nothing contained here varies, alters, or extends any provisions of the policy except as provided in this endorsement.

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- (2) Interruption of electric power supply, power surge, blackout or brownout if the cause of such occurrence took place within 100 feet of the described premises.
- The following exclusion is added to Paragraph B.2. Exclusions:
  - a. We will not pay for loss or damage arising out of any act committed:
    - (1) By or at the direction of any insured; and
    - (2) With the intent to cause a loss.
  - b. However, this exclusion will not apply to deny payment to an innocent co-insured who did not cooperate in or contribute to the creation of the loss if:
    - (1) The loss arose out of a pattern of criminal domestic violence; and
    - (2) The perpetrator of the loss is criminally prosecuted for the act causing the loss.
  - c. If we pay a claim pursuant to Paragraph B.2.b., our payment to the insured is limited to that insured's insurable interest in the property less any payments we first made to a mortgagee or other party with a legal secured interest in the property. In no event will we pay more than the Limit of Insurance.
- 3. The following is added to Paragraph E.4. Legal Action Against Us Property Loss Condition:

The two-year period for legal action against us is extended by the number of days between the date the proof of loss is filed with us and the date we deny the claim in whole or in part.

C. Section II - Liability is amended as follows:

The term "spouse" is replaced by the following: Spouse or party to a civil union recognized under Illinois law.

- D. Section III Common Policy Conditions is amended as follows:
  - 1. The Paragraph A. Cancellation Common Policy Condition is replaced by the following:



### A. Cancellation

 The first Named Insured shown in the Declarations may cancel this Policy by mailing to us advance written notice of cancellation.

- If this Policy has been in effect for 60 days or less, except as provided in Paragraphs 8. and 9. below, we may cancel this Policy by mailing written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - a0 days before the effective date of cancellation if we cancel for any other reason.
- 3. If this Policy has been in effect for more than 60 days, except as provided in Paragraphs 8. and 9. below, we may cancel this Policy only for one or more of the following reasons:
  - a. Nonpayment of premium;
  - **b.** The Policy was obtained through a material misrepresentation;
  - c. You have violated any of the terms and conditions of the Policy;
  - d. The risk originally accepted has measurably increased;
  - e. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to us for all or a substantial part of the underlying risk insured; or
  - f. A determination by the Director of Insurance that the continuation of the Policy could place us in violation of the insurance laws of this State.

If we cancel this Policy based on one or more of the above reasons except for nonpayment of premium, we will mail written notice at least 60 days before the effective date of cancellation. When cancellation is for nonpayment of premium, we will mail written notice at least 10 days before the effective date of cancellation.

- **4.** We will mail our notice to you, any mortgagee or lienholder known to us, and to the agent or broker.
- **5.** Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.