

JHMORRISON

DATE (MM/DD/YYYY)

KENNCON-01

Ī			E	K II			INS	SURAN	CE	2	2/6/2023
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).											
-	DUCER	-				CONTACT NAME: PHONE (704) 700 2225 FAX (704) 702 2202					
167	Church					PHONE (A/C, No, Ext): (704) 706-2325 FAX (A/C, No): (704) E-MAIL ADDRESS: hunter@morrisoninsagency.com					782-2263
Concord, NC 28025						INSURER(S) AFFORDING COVERAGE					NAIC #
							INSURER A : Central Insurance Companies				
INSURED						INSURER B :					
		Kenney Consulting LLC 3014 Arbor Knoll				INSURER C :					
		Concord, NC 28025									
						INSURER E : INSURER F :					-
co	VERAG	ES CER	TIFIC	CATE	E 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.											
		I YPE OF INSURANCE	ADDL INSD	SUBR WVD		POLICY (MM/DD/		POLICY EXP (MM/DD/YYYY)	LIN	NITS	
A	X co								EACH OCCURRENCE	\$	1,000,000 300,000
		CLAIMS-MADE X OCCUR	Х	X	CLP 8678743	1/15/2	023	1/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000
									MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000
									PRODUCTS - COMP/OP AG	G\$	2,000,000
A		HER: General Aggregate							COMBINED SINGLE LIMIT	\$	1,000,000
		IY AUTO	x	x	CLP 8678743	1/15/2023	1/15/2024	(Ea accident) BODILY INJURY (Per person			
		VNED TOS ONLY AUTOS							BODILY INJURY (Per accider		
	X HIF	RED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
A	Х им									\$	1,000,000
		UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	x	x	CXS 8678745	1/15/2023	023	1/15/2024	EACH OCCURRENCE	\$	1,000,000
	DE							Commercial Umbr	\$	1,000,000	
Α	WORKEP AND EMI	RS COMPENSATION PLOYERS' LIABILITY							PER OTH- STATUTE ER	<u> </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N / A	Х	WC 8678744	1/15/2023	1/15/2024	E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOY		1,000,000
	DESCRIF	PTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	<u>T \$</u>	1,000,000
		OF OPERATIONS / LOCATIONS / VEHICI	_ES (/ n's Q	uality	D 101, Additional Remarks Schedu y Confections Inc. are liste	le, may be attached d as Additional	l if mor Insu	re space is requir red on a Prim	^{red)} hary and Non-Contribut	ory basis	s with regards
	Seneral Seneral	tomobile llability, and Umbrella.	Wai	ver o	f Subrogationwith regards	to Worker's Co	mpei	nsation/Empl	overs Liability. General	Liability	. Automobile
llab	ility,	•							- ,	,	,
Uml	brella is	favor of Kilwin's Chocolate Frar follow form			-						
30 days notice of cancellation or non-renewal must be provided to the Franchisoron all coverages. SEE ATTACHED ACORD 101											
CERTIFICATE HOLDER CANCELLATION											
Kilwins Chocolates Franchise Inc. & Kilwins 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.					
1050 Bay View Road Petoskey, MI 49770											
						Hunter Mo-					

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AGENCY CUSTOMER ID: KENNCON-01



LOC #: 1

JHMORRISON

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ADDITIONAL REMARKS SCHE	DULE
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AGENCY		NAMED INSURED				
The Morrison Agency		Kenney Consulting LLC 3014 Arbor Knoll				
POLICY NUMBER		Concord, NC 28025				
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1 SEE P		EFFECTIVE DATE: SEE PAGE 1				
		•				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Coverages listed are minimum requirements. Carriers must be A- Rated or better by AM Best.