

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/4/2018

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).

PRODUCER		CONTACT NAME: Amy Fletcher		
Meadors Adams & Lee, Inc	•	PHONE (A/C, No, Ext): (501) 372-5200	FAX (A/C, No): (501) 37	72-4763
100 River Market Ave #300		E-MAIL ADDRESS: amy@ma-lee.com		
P. O. Box 3456		INSURER(S) AFFORDING COVERAGE		NAIC #
Little Rock AR	72203	INSURER A: Mass Bay		22306
INSURED		INSURER B:		
Nolejo, LLC, DBA: Kilwins	s of Little Rock	INSURER C:		
2402 Prange Rd		INSURER D:		
		INSURER E :		
Alexander AR	72002	INSURER F:		
COVEDACES	CERTIFICATE NUMBER 2019 Magt	or COT DEVICION NUM	ADED.	

COVERAGES CERTIFICATE NUMBER: 2018 Master COI 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	ADDL :	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	х	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
			х		ODT-A252729-04	3/19/2018	3/19/2019	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	10,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2	2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2	2,000,000
		OTHER:						Employee Benefits	\$ 1	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1	1,000,000
		ANY AUTO			ODT-A252729-04	3/19/2018	3/19/2019	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS	х					BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 2	2,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2	2,000,000
		DED RETENTION \$	Х		ODT-A252729-04	3/19/2018	3/19/2019		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	1,000,000
A	(Mar	ndatory in NH)	117.74		ODT-A252729-04	3/19/2018	3/19/2019	E.L. DISEASE - EA EMPLOYEE	\$ 1	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confesions, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Auto Liability and Umbrella.
Waiver of Subrogation with regards Wrokers Compessation/Employers Liability, General Liability, and Automobile Liability. Umbrealla in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

Umbrella is follow form. 30 Days Notice of Cancellation.

CERTIFICATE HOLDER	CANCELLATION				
beckyh@ovdinsurance.com Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE				
	Amy Fletcher/SB1 Smy Fletcher				

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