

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/23/2018

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).

COVEDAGES	CEDTIFICATE NUMBED.	DEVISION NUMBER	
		INSURER F:	
N.	APERVILLE, IL 60540-5309	INSURER E:	
0500	S W JEFFERSON AVE	INSURER D:	
NAPERVILLE SWEET SHOPS, INC.		INSURER C :	
		INSURER B: State Farm Mutual Automobile Insurance Company	25178
		INSURER A: State Farm Fire and Casualty Company	25143
8	NAPERVILLE, IL 60564	INSURER(S) AFFORDING COVERAGE	NAIC#
	2735 HASSERT BLVD STE 183	E-MAIL SHARON.DANIELSON.QG9S@STATEFARM.COM	
State Farm	CAMILLE LOGOTHETIS	PHONE (A/C, No, Ext): 630-904-4400 FAX (A/C, No): 630-904	1-4404
PRODUCER	A 200 0 0	CONTACT SHARON DANIELSON	70 7A 4370

COVERAGES CERTIFICATE 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.

TYPE OF INSURANCE	ADDL SU		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		*****	93G9F5799	01/05/2018		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
						MED EXP (Any one person)	\$ 10,000
A []	Y	Υ				PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						E	\$
AUTOMOBILE LIABILITY		Υ	1337140123	01/23/2018	07/23/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO	id					BODILY INJURY (Per person)	\$
B OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s
				1000			\$
UMBRELLA LIAB OCCUR			13G9F6017	01/05/2018	01/05/2019	EACH OCCURRENCE	\$ 1,000,000
A EXCESS LIAB CLAIMS-MAI	Y	Y				AGGREGATE	\$
DED RETENTION\$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A NNY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y	93GR30123	01/23/2017	01/23/2018	PER OTH-	
						E,L, EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
If yes, describe under							

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

 *30 DAY NOTICE OF CANCELLATION OR NON-RENEWAL TO BE GIVEN TO FRANCHISOR ON ALL COVERAGES.

CERTIFICATE HOLDER		CANCELLATION				
KILWINS CHOCOLATES FRANCHISE, INC. 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.				
CONTROL OF SERVICE STATE OF THE SERVICE STATE ST		AUTHORIZED REPRESENTATIVE				
1050 BAY VIEW ROAD						
PETOSKEY,	MI 49770	Tharon Danielson				

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