



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/20/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		PHONE (A/C, No, Ext): (941) 366-7070	COMPANY MSA Insurance Company 4601 Touchton Rd E Suite 3300 P O Box 16100 Jacksonville FL 32245-6100	
FAX (A/C, No): (941) 953-4901	E-MAIL ADDRESS: Roxanne@purmort.com			
CODE: 09-01590	SUB CODE:			
AGENCY CUSTOMER ID #: 00023390		LOAN NUMBER		POLICY NUMBER BPG94563
INSURED Ameriquest Enterprises Inc DBA Kilwins of Venice 1471 Northgate Blvd Sarasota FL 34234		EFFECTIVE DATE 2/13/2017	EXPIRATION DATE 2/13/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 207 West Venice Ave Venice, FL 34285 See Attached Overflow Pages
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form	175,000	2,500
Business Personal Property, Replacement Cost, Special form	230,000	2,500
Business Income and Extra Expense	6 Mos	
Windstorm & hail excluded		
30 Day Notice of Cancellation		

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey, MI 49770	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Roxanne Sima/MIREYA <i>Roxanne Sima</i>		



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/26/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		CONTACT NAME: Certificates PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: patti@purmort.com PRODUCER CUSTOMER ID: 00023390	
INSURED Ameriquet Enterprises Inc DBA: Kilwins of Venice 1471 Northgate Blvd Sarasota FL 34234		INSURER(S) AFFORDING COVERAGE INSURER A: MSA Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11066

COVERAGES CERTIFICATE NUMBER: 2017-18 Property REVISION NUMBER: #1

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 207 West Venice Ave Venice FL 34285

See Attached Overflow Pages

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	BPG94563	2/13/2017	2/13/2018	<input checked="" type="checkbox"/> BUILDING	\$ 185,000	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 230,000
	BASIC				BUILDING 2,500	BUSINESS INCOME	\$
	BROAD				CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				2,500	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				Excluded	BLANKET PERS PROP	\$
	FLOOD			BLANKET BLDG & PP	\$		
					\$		
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
						\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
						\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Kilwins Chocolate Franchise, Inc & Kiwin's Quality Confections Inc. Their Affiliates, Directors, Agents And Employees Are Named as Additional Insured. 45 day Notice For Material Misrepresentative or Non Renewal 10 Day Notice for Non Payment Per Florida Statute.

CERTIFICATE HOLDER

joshv@ovdinsurance.com

Kilwins Chocolates Franchise, Inc
 & Kiwin's Quality Confections Inc
 1050 Bay View Road
 Petoskey, MI 49770

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.

AUTHORIZED REPRESENTATIVE

Roxanne Sima/CHERYC

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
3	3009 53rd Avenue East #2031 Personal Property 62,500	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
62,500			2,500	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
3	3009 53rd Avenue East #2031 WIND Deductible	WIND		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
4	3009 53rd Avenue East #452 Personal Property 62,500			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
62,500			2,500	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
4	3009 53rd Avenue East #452 WIND Deductible			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/20/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		PHONE (A/C, No, Ext): (941) 366-7070	COMPANY Frontline Ins Unlimited Co PO Box 958405 Lake Mary FL 32795-8405	
FAX (A/C, No): (941) 953-4901	E-MAIL ADDRESS: Roxanne@purmort.com			
AGENCY CUSTOMER ID #: 00023390	SUB CODE:			
INSURED Ameriquest Enterprises Inc DBA Kilwins of Venice 1471 Northgate Blvd Sarasota FL 34234		LOAN NUMBER	POLICY NUMBER FIW0106251	
		EFFECTIVE DATE 6/30/2017	EXPIRATION DATE 6/30/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 207 West Venice Avenue Venice, FL 34285
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property, Replacement Cost, Windstorm Wind/Hail Deductible, Windstorm BI w/ Extra Expense, Wind/Hail	400,000	3.00%
	400,000	

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

joshv@ovdinsurance.com Kilwins Chocolate Franchise Inc & Kilwins Quality Confections Inc 1050 Bay View Road Petoskey, MI 49770	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE Roxanne Sima/MIREYA <i>Roxanne Sima</i>		



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
6/23/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		CONTACT NAME: Certificates PHONE (A/C, No, Ext): E-MAIL ADDRESS: patti@purmort.com PRODUCER CUSTOMER ID: 00023390		FAX (A/C, No):
INSURED Ameriquest Enterprises Inc DBA: Kilwinds of Venic 1471 Northgate Blvd Sarasota FL 34234		INSURER(S) AFFORDING COVERAGE INSURER A: Frontline Ins Unlimited Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 10074

COVERAGES **CERTIFICATE NUMBER:** 2017-18 Wind **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 00001 Bldg# 00001: 207 West Venice Avenue Venice FL 34285

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	FIW0106251	6/30/2017	6/30/2018	BUILDING	\$	
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 400,000
		BROAD				CONTENTS	EXTRA EXPENSE	\$
		SPECIAL					RENTAL VALUE	\$
		EARTHQUAKE					BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				3.00%	BLANKET PERS PROP	\$
	FLOOD		BLANKET BLDG & PP	\$				
					<input checked="" type="checkbox"/> Business Personal	\$ 400,000		
	INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
	CRIME					\$		
	TYPE OF POLICY					\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Kilwins Chocolate Franchise, Inc. Its Affiliates, Directors, Agents And Employees Are Named as Additional Insured. 45 day Notice For Material Misrepresentative or Non Renewal 10 Day Notice for Non Payment Per Florida Statute. Attached Auto Elite Endorsement Applies to Insured Auto Policy

CERTIFICATE HOLDER Kilwins Chocolates Franchise, Inc. 1050 Bay View Road Petoskey, MI 49770	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. AUTHORIZED REPRESENTATIVE Roxanne Sima/CHERYC <i>Roxanne Sima</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/26/2017

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 Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard Sarasota FL 34237		CONTACT NAME: Certificates PHONE (A/C, No, Ext): E-MAIL ADDRESS: patti@purmort.com FAX (A/C, No):															
INSURED Ameriquest Enterprises Inc DBA: Kilwins of Venice 1471 Northgate Blvd Sarasota FL 34234		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: MSA Insurance Company</td> <td>11066</td> </tr> <tr> <td>INSURER B: Old Dominion Ins. Co.</td> <td>40231</td> </tr> <tr> <td>INSURER C: FCCI Insurance Company</td> <td>10178</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: MSA Insurance Company	11066	INSURER B: Old Dominion Ins. Co.	40231	INSURER C: FCCI Insurance Company	10178	INSURER D:		INSURER E:		INSURER F:	
INSURER	NAIC #																
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INSURER B: Old Dominion Ins. Co.	40231																
INSURER C: FCCI Insurance Company	10178																
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** 2017-18 Liability **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BPG94563	2/13/2017	2/13/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BIG94563	2/27/2017	2/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUG94564	1/10/2017	1/10/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	001WC17A45058	1/20/2017	1/20/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 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 & Kilwins Quality Confections 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 to Workers' compensation/Employers Liability, General Liability, Auto Liability and Umbrella in favor of Kilwins Chocholates Franchise, Inc & Kilwins Quality Confections Inc. Umbrella is follow form. 30 Day Notice of Cancellation.

CERTIFICATE HOLDER

joshv@ovdinsurance.com

Kilwins Chocolates Franchise Inc
 & Kilwins Quality Confections Inc
 1050 Bay View Road
 Petoskey, MI 49770

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.

AUTHORIZED REPRESENTATIVE

Roxanne Sima/CHERYC