

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2020

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 WAIV

2.2	R. TRACY GUNN AGEN	CY,	INC.	ESHEE FES	NAME: CINTHYA N. JIMENEZ-GUZMAN				
	1760 BREVARD ROAD	PHONE FAX			Not: 828	608.4350			
	HENDERSONVILLE, NC		(AIC, No, Ext): 828-698-1000 (AIC, No): 828-698-43 E-MAIL ADDRESS: CINTHYA_JIMENEZ-GUZMAN.KOVH@STATEFARM.COM						
			INSURER(S) AFFORDING COVERAGE				NAIC #		
10.11			INSURER A : State Farm Fire and Casualty Company				25143		
	TAPEINOU LLC		INSURER B:				25145		
	506 N MAIN ST	INSURER C:							
	HENDERSONVLLE NC	INSURER D :							
		INSURER E:							
C	OVERAGES CER				INSURER F:				
		CHE	CATEN	IUMBER:			REVISION NUMBER	:	
INS	THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH R	PER POL	TAIM TH	E INCUDANCE ACCORD	ED BY THE POLICI BEEN REDUCED BY	ES DESCRIBI PAID CLAIMS	ED HEREIN IS SUBJEC 5.	R THE SPECT T TO A	POLICY PERIOR TO WHICH THIS LL THE TERMS
LTF	R TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		MITS	
Α	H-1	Y	Y	93-EB-K336-3	08/01/2019	08/21/2020	EACH OCCURRENCE	3	1,000,000
	TO SAME OF A CHARLETT			93-EB-K336-3	08/01/2020	08/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	8	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s	5,000
							PERSONAL & ADV INJURY	5	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	8	2,000,000
	V PRO-						PRODUCTS - COMP/OP AC	G S	2,000,000
В	AUTOMOBILE LIABILITY	Y						s	
~	ANY AUTO ALL OWNED X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X AUTOS		Y	389 2727-A31-33	01/31/2020	07/31/2020	COMBINED SINGLE LIMIT (Ea accident)	3	
				389 2727-A31-33	07/31/2020	01/31/2021	BODILY INJURY (Per person		1,000,000
							PROPERTY DAMAGE	nt) g	1,000,000
		20108			(Per accident)		2	1,000,000	
A	X UMBRELLA LIAB X OCCUR			22.20.000				3	
	EXCESS LIAB CLAIMS-MADE	-		93-EB-K345-2	07/31/2019	07/31/2020	EACH OCCURRENCE	S	1,000,000
	DED RETENTIONS		1	93-EB-K345-2	07/31/2020	07/31/2021	AGGREGATE	\$	1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yos, describe under			02 04 1405 7			X WC STATU- OT TORY LIMITS EF	5	
				93-C1-L165-7 93-CL-V918-1	06/24/2019	06/24/2020 06/24/2021		-	
					06/24/2020		E.L. EACH ACCIDENT	\$	1,000,000
	DESCRIPTION OF OPERATIONS below.						EL DISEASE - EA EMPLOYE	_	1,000,000
							E.L. DISEASE - POLICY LIMIT	5	1,000,000
	1								

ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	ttach ACOF	RD 101, Additional Remarks Sc	hedule, if more space is	required)			
ILV	WINS CHOCOLATES FRANCHISE, INC.,	AND	KILWIN	S OHALITY CONFECTI	ONE INC. ADDITIO	TED 10 10-	NTIONAL INCLINES OF		
UB	ROGATION WITH REGARDS TO WORK	KER:	S COMP	ENSATION/EMPLOYED	O I OMOBILE LIAB	ILITY. UMBR	ELLA FOLLOWS FOR	A.WAIN	ER OF
AN	ICELLATION OR NON-RENEWAL.					- COLLO	THE FORM, SU DAY NO	HUE (л г
ER	RTIFICATE HOLDER				ANCELLATION				
			VA=		ANCELLATION			-	
1211	LWIN'S CHOCOLATES FRANC						SCRIBED POLICIES BE		

1050 BAY VIEW ROAD PETOSEY MI 49770

AUXHORIZED REPRESENTATIVE

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