

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/20/2021

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 R. TRACY GUNN AGENCY, INC.								CONTACT NAME: PAM DUNCAN						
1760 BREVARD ROAD					•			PHONE (A/C, No. Ext): 828-698-1000 FAX (A/C				(, No): 828-698-4350		
HENDERSONVILLE, NC 28791								E-MAIL ADDRESS: pam.duncan.jeh7@statefarm.com						
A A A A A A A A A A A A A A A A A A A						•		INSURER(S) AFFORDING COVERAGE					NAIC#	
TABEILIOOLLO								INSURER A : State Farm Fire and Casualty Company					25143	
								INSURER B: State Farm Automobile Insurance Company				<u> </u>	25178	
506 N MAIN ST							_	INSURER C:						
HENDERSONVLLE NC						792	-5070 <u>L</u>	INSURER D:						
							Γ	INSURER E:				<u> </u>		
COVERAGES CERTIFICATE NUMBER:									INSURER F:					
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.													LICY 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				INSR	DOLISUBRI ISR WVD POLICY NUMBER		(MI	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS			
! ^ <u> </u>	7	RAL LIABILITY			Υ	Υ	93-EB-K336-3	08	08/01/2021	08/01/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	COMMERCIAL GENERAL LIABILITY									PREMISES (Ea occurrence)	\$	100,000		
-	+	CLAIMS-MA	DE [OCCUR							MED EXP (Any one person)	\$	5,000	
	- -			· · · · · · · · · · · · · · · · · · ·	i						PERSONAL & ADV INJURY	\$	1,000,000	
_										GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC										PRODUCTS - COMP/OP AGG		2,000,000	
<u> </u>							290 0707		7/04/0004	0410410000	COMBINED SINGLE LIMIT	\$		
B	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS			Ľ		389 2727	07	07/31/2021	01/31/2022	(Ea accident) BODILY INJURY (Per person)	\$	1 000 000		
-										BODILY INJURY (Per accident		1,000,000		
×	7	IRED AUTOS	X	NON-OWNED AUTOS					İ		PROPERTY DAMAGE (Per accident)	\$	1,000,000	
	┨ `	III CE NO 100		AUTUS							(Per accident)	\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AX	ᅺ	UMBRELLA LIAB X OCCUR					93-EB-K345-2	07/31/2021	7/24/2024	07/31/2022	EACH OCCURRENCE	\$	1,000,000	
_		EXCESS LIAB CLAIMS-MADE			نـــا	╙	33-ED-N343-2	07/31/2021	0113112022	AGGREGATE	\$	1,000,000		
DED RETENTION\$				ON\$				İ				\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY					93-EH-H285-3	06	06/24/2021	06/24/2022	WC STATU- TORY LIMITS ER	-		
A!	ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	Y			E.L. EACH ACCIDENT			\$	1,000,000		
(M	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					لنا					E.L. DISEASE - EA EMPLOYE	\$	1,000,000	
DE											E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
]					
DESCRIPTION OF ORGATIONS (LOCATIONS AND INC. AND														
KILWIN NON-C SUBRO KILWIN	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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 AND AUTOMOBILE LIABILITY. UMBRELLA FOLLOWS FORM. WAIVER OF SUBROGATION WITH REGARDS TO WORKERS COMPENSATION/EMPLOYERS LIABILITY, GENERAL LIABILITY, AUTOMOBILE LIABILITY IN FAVOR OF KILWINS CHOCOLATES FRANCHISE, INC. AND KILWIN'S QUALITY CONFECTIONS, INC. UMBRELLA FOLLOWS FORM. 30 DAY NOTICE OF CANCELLATION OR NON-RENEWAL.													
		ATE HOLD							LATION					

CERTIFICATE HOLDER

KILWIN'S CHOCOLATES FRANCHISE, INC. KILWIN'S QUALITY CONFECTIONS INC. **1050 BAY VIEW ROAD PETOSEY, 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.

IORIZED REPRESENTATIVE

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