



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2021

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 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).

| | | |
|---|--|--------------------------------------|
| PRODUCER Turner, Wood, & Smith Agency, Inc. 1515 Community Way PO Box 1058 Gainesville GA 30503 | CONTACT NAME: Elizabeth Hunt PHONE (A/C, No, Ext): (770) 536-0161 E-MAIL ADDRESS: Elizabeth.Hunt@twsinsurance.com | FAX (A/C, No): (770) 536-1283 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED JMK Properties, LLC, Copper Kettle Confections, LLC DBA: Kilwins Chocolate, Fudge & Ice Cream 270 Apple Ridge 2 Dawsonville GA 30534 | INSURER A: The Hartford Insurance | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: CL2131122843

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 | Y | Y | 20SBAAH5M94 | 02/17/2020 | 06/26/2021 | EACH OCCURRENCE | \$ 1,000,000 | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | MED EXP (Any one person) | \$ 10,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | |
| | | | | | | | HINO | \$ 1,000,000 | | |
| A | AUTOMOBILE LIABILITY | Y | Y | 20SBAAH5M94 | 02/17/2020 | 06/26/2021 | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY | | | | | | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | \$ | | |
| | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | Y | Y | 20SBAAH5M94 | 02/17/2020 | 06/26/2021 | EACH OCCURRENCE | \$ 1,000,000 | | |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE | \$ 1,000,000 | | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | | \$ | | |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | | \$ | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | Y | 20WECAF4KLMH | 02/17/2021 | 02/17/2022 | <input checked="" type="checkbox"/> PER STATUTE | OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | 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 & Kilwin's Quality Confections Inc are additional insured ATIMA when required by a written contract per policy language on general liability and auto liability. Coverage is primary and non-contributory and waiver of subrogation is included all per form SS0008. Waiver of subrogation is included on Workers Compensation per form #WC000313. Umbrella is following form over general liability, auto liability and workers' compensation. 30 day notice of cancellation, with exception of 10 day for non-pay of premium, is included.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| Kilwins Chocolates Franchise Inc & Kilwin's Quality Confections Inc 1050 Bay View Rd Petoskey MI 49770 | 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  |

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