

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/30/2021

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).										
PRODU Higai	cer nbotham Insurance Agency, Inc.				CONTACT NAME: Elizabeth Mane					
500 V	V. 13TH				(A/C, No, Ext): 817-349-2288 (A/C, No): 817-882-9284				2-9284	
Fort Worth TX 76102						ADDRESS: emane@higginbotham.net				
						INSURER(S) AFFORDING COVERAGE				
						INSURER A: The Hanover Casualty Company				41602
INSURE	=			OAKST1	INSURER B: Allmerica Financial Benefit Insurance Company				41840	
Oak Street Confectionary 400 S Oak Street, Suite 140					INSURER C:					
Roanoke TX 76262					INSURER D:					
						INSURER E:				
						INSURER F:				
COVERAGES CERTIFICATE NUMBER: 1426264294				REVISION NUMBER:						
INDI	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.									
NSR TYPE OF INSURANCE ADDLISUBR INSD WVD POLICY NUMBER					DELITI	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS				
A)	COMMERCIAL GENERAL LIABILITY	INSD	WVD	OLDD849378		3/11/2021	3/11/2022		\$ 1,000.	000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ 300,00	
								MED EXP (Any one person)	\$5,000	
									- 4 000	000

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		OLDD849378	3/11/2021	3/11/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		OLDD849378	3/11/2021	3/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						,	\$
Α	X UMBRELLA LIAB X OCCUR		OLDD849378	3/11/2021	3/11/2022	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		W2DD849568	3/11/2021	3/11/2022	PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Spoilage		OLDD849378	3/11/2021	3/11/2022	Limit	10,000
L							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Tenants Improvements & Betterments - \$185,000 Business Personal Property - \$429,975

Business Income/Interruption - Actual Loss Sustained for 12 Months

Wind Coverage Included

Food Borne Illness, Accidental & Malicious Contamination - Included in the General Liability Per Occurrence/Aggregate

The General Liability and Automobile Liability policies include a blanket automatic additional insured endorsement that provides additional insured status and See Attached...

CERTIFICATE HOLDER	CANCELLATION				
Kilwins 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.				
1050 Bay View Road Petoskey MI 49770	AUTHORIZED REPRESENTATIVE				

AGENCY	CUSTOMER ID:	OAKST1
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		LOC #:						
ACORD® ADDITIONA	LREMA	ARKS SCHEDULE Page 1 of 1						
AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Oak Street Confectionary 400 S Oak Street, Suite 140						
POLICY NUMBER		Roanoke TX 76262						
CARRIER	NAIC CODE	EFFECTIVE DATE:						
ADDITIONAL REMARKS		EFFECTIVE DATE.						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM.							
FORM NUMBER: 25 FORM TITLE: CERTIFICATE O	,	NSURANCE						
General Liability and Automobile Liability policy includes a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability policy contains a special endorsement with "Primary and Noncontributory" wording. Umbrella policy is follow form.								
The General Liability & Workers Comp policies includes an endorsement providing that 30 days notice of cancellation will be furnished to the certificate holder. The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.								