

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2021

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 CONTACT CO											
Chip Beake Insurance Agency Inc					CONTACT Chip Beake, Agent						
106 E Olive St					PHONE (A/C, No, Ext): 970-482-1936 FAX (A/C, No): 970498-0773						
Fort Collins, CO 80524						E-MAIL chip@chipbeake.com					
1 0/2 COMMIS, CO 60524					INSURER(S) AFFORDING COVERAGE N.					NAIC#	
INSURED						INSURER A: State Farm Fire and Casualty Company				25143	
Old Town Sweets LLC					INSURER B:						
DBA Kilwins Chocolates and Ice Cream					INSURER C:						
114 S College Ave					INSURER D:						
Fort Collins, CO 80524					INSURER E:						
COVERAGES CERTIFICATE NUMBER:					INSURER F:						
T	HIS IS TO CERTIFY THAT THE POLICIE	SOF	INCL	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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR Type of Insurance Induly 1987 Indu											
INSR LTR	TYPE OF INSURANCE	AUUL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<u> </u>	.000	
								MED EXP (Any one person)	\$ 10,0	000	
Α		Y	Υ	96-CM-L255-4		03/31/2021	03/31/2022	PERSONAL & ADV INJURY	+	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
	OTHER:	ļ						Business Property	\$ 406	,000	
Α	AUTOMOBILE LIABILITY	Y	Υ					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			96-CM-L255-4		03/31/2021	03/31/2022	BODILY INJURY (Per person)	\$		
				CMP-4746.1 Hired Auto				BODILY INJURY (Per accident)	\$		
				om Tractimed Adic	,			PROPERTY DAMAGE (Per accident)	\$		
	X UMBRELLA LIAB X OCCUP								\$		
Α	FYOTODIAD	Y	Υ	00 014 1 050 0		0010110000		EACH OCCURRENCE	\$ 2,00	00,000	
•	CLAIMS-WADE	∤ '	'	96-CM-L256-6		03/31/2021	03/31/2022	AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	-							\$		
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
-	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Kilwins Chocolate Franchise Inc and Kilwins Quality Confections Inc are listed as Additional Insured on primary and non-contributory basis regards to general liability, automobile liability, and Umbrella. Waiver of subrogation with regards to general liability, automobile liability, umbrella in favor of Kilwins Chocolate Franchise Inc and Kilwins Quality Confections Inc.											
CERTIFICATE HOLDER CANCELLATION											
1050 Bay View Rd						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					
	Petoskey, MI 49770	Chip Blake									

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