



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2020

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 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 Meadors Adams & Lee, Inc. 100 River Market Ave #300 P. O. Box 3456 Little Rock AR 72203 | | CONTACT NAME: Amy Fletcher PHONE (A/C, No, Ext): (501) 372-5200 E-MAIL ADDRESS: amy@ma-lee.com FAX (A/C, No): (501) 372-4763 | |
| INSURED Crazy Dog Confections, Inc. 8615 Lee Lane Ft. Smith AR 72903 | | INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company INSURER B: Ohio Casualty INSURER C: Liberty Mutual Insurance INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 24082 24074 | |

COVERAGES

CERTIFICATE NUMBER: 2019 Master COI

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Y | BZS (20) 60645331 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | BZS (20) 60645331 | 12/31/2019 | 12/31/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | USO (20) 60645331 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | Y | XWS (20) 60 64 53 31 | 12/01/2019 | 12/01/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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. and Kilwin's Quality Confections, Inc. are listed as an additional insured on a primary and non-contributory basis with regards to general liability, automobile (hired & non-owned auto only) and umbrella when required by written contract. Waiver of subrogation with regard to workers' compensation/employer's liability, general liability, automobile liability (hired and non-owned auto only) in favor of Kilwins Chocolates Franchise Inc. and Kilwin's Quality Confections, Inc. when required by written contract. Umbrella is follow form. 30 day notice of cancellation included.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Kilwin's Chocolates Franchise Inc. Kilwin's Quality Confections, Inc. 1050 Bay View Road 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  |
|--|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.

ADDITIONAL COVERAGES

| | | | | |
|----------------------|---|------------------------|-------------------|-----------------|
| Ref # | Description Hired & Nonowned | Coverage Code | Form No. | Edition Date |
| Limit 1 1,000,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |
| Ref # | Description Increased employer's liability | Coverage Code INEL | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium \$120.00 | | | | |
| Ref # | Description Expense constant | Coverage Code EXCNT | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium \$220.00 | | | | |
| Ref # | Description Terrorism | Coverage Code TRSM | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium \$18.00 | | | | |
| Ref # | Description Premium discount | Coverage Code PDIS | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium -\$716.00 | | | | |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| Premium | | | | |