STACEYM

100,000

100,000

500,000



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/12/2021

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.

		<u> </u>										
If	SUI	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain   lorsement(s)	policies may				
PRODUCER							CONTACT Jesse Kimball					
B Insurance Agency, Inc.						PHONE (A/C, No, Ext): (715) 358-9343 FAX (A/C, No): (715) 8				841-1393		
PO Box 907 Minocqua, WI 54548-1907						E-MAIL ADDRESS: jkimball@ibinsurance.com						
							INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : Frankenmuth Insurance				13986		
INSURED						INSURER B:					1.0000	
Minocqua Sweet Treats, LLC						INSURER C :						
320 Oneida St						INSURER D :						
Minocqua, WI 54548						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
							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 V											WHICH THIS	
		FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH							ED HEREIN IS SUBJECT T	O ALL	THE TERMS,	
NSR	OLC	ADDI SURP				DELIVI	POLICY EFF	POLICY EXP	LIMITS			
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIOT HOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	,	1,000,000	
		CLAIMS-MADE X OCCUR	X	x	6616790		3/10/2021	3/10/2022	DAMAGE TO RENTED	φ	500,000	
		22 mile iii ii2	^	^	0010730		3/10/2021	3/10/2022	PREMISES (Ea occurrence)	\$	5,000	
									MED EXP (Any one person)	\$	1,000,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
ŀ	GEN	V'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2.000.000	
- }									PRODUCTS - COMP/OP AGG		_,,,,,,,,,	
Α		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
	AUI	OMOBILE LIABILITY			0040700		2/40/2024	2/40/2022	(Ea accident)	\$	1,200,000	
		ANY AUTO			6616790		3/10/2021	3/10/2022	BODILY INJURY (Per person)	\$		

OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 2,000,000 X **UMBRELLA LIAB** OCCUR EACH OCCURRENCE 3/10/2021 3/10/2022 2,000,000 6616791 **EXCESS LIAB** CLAIMS-MADE X X AGGREGATE 10,000 DED | X | RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE

3/10/2021

3/10/2022

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 Additional Insured on Primary and Non-Contributory basis with regards

to General Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Umbrella in favor of

30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage. Spoilage Coverage \$10,000 per Occurence - Business Income - 12 consecutive months Actual Loss Sustained.

Kilwins Chocolate Franchise, Inc. and Kilwin's Quality Confections, Inc when required by written contract.

6616789

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CERTIFICATE HOLDER	CANCELLATION					
Kilwins Chocolate Franchise 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.					
1 Stockey, IIII 40770	AUTHORIZED REPRESENTATIVE					
	Jesse Kimball					

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

BODILY INJURY (Per person)

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT