

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/08/2020

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

| | SUBROGATION IS WAIVED, subject to is certificate does not confer rights to | | terms | - | licy, ce | rtain policies | | an endorsemer | nt. A state | ement | on . | |
|---|---|--------------|---------------------------|----------------------------------|-------------|--|----------------------------|--|--------------------|---------|-----------------|--|
| PRODUCER | | | | | | CONTACT Valerie Sauerbrey | | | | | | |
| FLINN FINANCIAL, INC. dba KORTHASE FLINN | | | | | | PHONE (231) 348-8121 FAX (A/C, No, Ext): (231) 582-7130 | | | | | | |
| 1098 Bay View Road | | | | | | E-MAIL vacuarbray@karthagaflinn.com | | | | | | |
| | , | ADDRESS. | | | | | | | | | | |
| Petoskey MI 49770 | | | | | | Franks would Mutual | | | | | NAIC # 13986 | |
| INSURED | | | | | | INSURER A . | | | | | | |
| | | | | | | INSURER B: | | | | | | |
| FALKNER'S CONFECTION CONNECTION, INC. | | | | | | INSURER C: | | | | | | |
| ATTN: JAMES FALKNER | | | | | INSURER D: | | | | | | | |
| PO BOX 144 | | | | | INSURER E : | | | | | | | |
| | | | | MI 49701-0144 | INSURER F: | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: CL204701976 | | | | | | NEVIOLEN NOMBER | | | | | | |
| 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, | | | | | | | | | | | | |
| | CLUSIONS AND CONDITIONS OF SUCH PO | | | | REDUC | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | S | | |
| A | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENC | | \$ 1,00 | 0,000 | |
| | CLAIMS-MADE OCCUR | | Υ | | | 04/26/2020 | 04/26/2021 | DAMAGE TO RENTE PREMISES (Ea occu | \$ 500, | 000 | | |
| | | | | | | | | MED EXP (Any one person) \$ 5,00 | | | 0 | |
| | | | | BOP6319626 | | | | | | | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 2,000,0 | | | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | 2,000,000 | | | |
| | OTHER: | | | | | | | Designated Pers | son | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | 04/26/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1 | | | 0,000 | |
| Α | ANY AUTO | | | | | 04/26/2020 | | BODILY INJURY (Per person) \$ | | | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | Υ | Υ | BOP6319626 | 04 | | | BODILY INJURY (Per accident) \$ | | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | \$ | | |
| | AOTOS ONEI | | | | | | | (1 or deolderit) | | \$ | | |
| | ✓ UMBRELLA LIAB OCCUR | | | | 04/26/2020 | | EACH OCCURRENCE \$ | | _{\$} 1,00 | 0,000 | | |
| Α | EXCESS LIAB CLAIMS-MADE | Υ | Υ | BOP6319626 | | 04/26/2020 | 04/26/2021 | | | | 0,000 | |
| | DED RETENTION \$ | 1 | | | | | NOONEONIE | | \$ | | | |
| | WORKERS COMPENSATION | | | | | | | PER STATUTE | OTH- ER | Ψ | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | Y | | | 04/26/2020 | 04/26/2021 | | | \$ 1,00 | 0,000 | |
| Α | | | | WC 6319626 | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | | | 0,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | | • | 0,000 | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - POL | ICT LIMIT | φ ′ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | ORD 1 | 01. Additional Remarks Schedule. | may be at | ttached if more sr | pace is required) | | | | | |
| | 175 S Huron Ave, Mackinaw City MI 49701 | - | | | = | - | - | ckinaw Island MI 4 | 49757 | | | |
| Kilw | ins Chocolates Franchise Inc, Kilwin's Qual | ity Co | nfectio | ons Inc are listed as Additiona | Insure | d with regard to | General Liabi | ility, Auto, and Um | brella | | | |
| | cies, including on a primary & non-contribute | | | | | | | | | ie | | |
| | terms and conditions of the actual policy language. Waiver of subrogation is included on all policies listed in favor of Kilwins Chocolates Franchise Inc, Kilwin's Quality Confections Inc. A 30 day notice will be provided for reasons other than non-payment of premium on all policies listed. | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | CANCELLATION | | | | | | | | | | |
| Kilwins Chocolates Franchise 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. | | | | | | |
| | Kilwin'sQualityConfectionsInc | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| 1050 Bay View Rd | | | | | | | | | | | | |
| Petoskev MI 49770 | | | | | | Maria Country | | | | | | |