

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. This Certificate does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

NAMED INSURED AND MAILING ADDRESS

Hometown Sweets LLC
6108 Ranger Trail
Fort Wayne, IN 46835

CERTIFICATE ISSUED TO

Kilwins Chocolate Franchise, Inc
Kilwins Quality Confections, Inc
1050 Bay View Road
Petoskey, MI 49770

The policies of insurance listed on this certificate 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 is subject to all terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP 8225830	12-07-2020	12-07-2021	General Aggregate	\$ 2,000
				Prod.-Comp/OPS Aggregate	\$ 2,000
				Personal-Advertising Injury	\$ 1,000
				Each Occurrence	\$ 1,000
				Fire Damage (Any one fire)	\$ 50
				Med Expense (Any one person)	\$ 10
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP 8225830	12-20-2020	12-20-2021	CSL \$1,000	
UMBRELLA LIABILITY	UMB 8608566	06-16-2021	06-16-2022	Each Occurrence \$1,000	Aggregate \$1,000
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8340289	06-16-2021	06-16-2022	Statutory - Indiana	
				\$1,000	(Each Accident)
				\$1,000	(Disease Policy Limit)
				\$1,000	(Disease-Each Employee)
OTHER				\$	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

Spoilage - \$10,000
 Business Interruption - 12 months
 Tenants betterments & improvements - \$185,000
 Business Personal Property - \$205,000
 Work Comp with minimum limits \$1,000,000 and waiver of subrogation
 Additional Insured with primary & non-contributory and waiver of subrogation for auto liability, general liability and umbrella
 Damage to Rented Premises - \$300,000
 Policy is subject to 30 day cancellation notice

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).

Should any of the described policies be cancelled before the expiration date, the issuing insurer will make an effort to notify the certificate holder named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

06-17-2021 _____ 3532
 Date Authorized Representative Agent Code