

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/20/2023

THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND		R NE	GATIVELY AMEND, EXTER S NOT CONSTITUTE A C	ND OR A	LTER THE C	OVERAGE A	FFORDED BY TH	IE POLICIES	-	
IMPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to	the t	erms	and conditions of the po	licy, cer	tain policies					
this certificate does not confer rights to PRODUCER	the c	ertifi	cate holder in lieu of such	CONTAC	_ 、 ,		AC60			
Whorton Insurance Services		NAME: PHONE	NAME: The Information Clo, CLC3, ACSN PHONE (512) 338-1101 FAX (512) 338-1106							
11200 Jollyville Rd.		(A/C, No, Ext): (012) 000 1101 (A/C, No): (012) 000 1100								
				ADDRES	5:					
Austin TV 70750 4040					INSURER(S) AFFORDING COVERAGE NAIC #					
Austin TX 78759-4813										
INSURED CTX Confectionary LLC, DBA: Kilwins					INSORER B.					
650 Shell Stone Trail		,		INSURER C :						
				INSURER D :						
Georgetown			TX 78628	INSURER						
			NUMBER: CL233203612	INSURER	F:		REVISION NUMB	ED.		
THIS IS TO CERTIFY THAT THE POLICIES OF I										
INDICATED. NOTWITHSTANDING ANY REQUID CERTIFICATE MAY BE ISSUED OR MAY PERTA	REME	NT, TE HE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	CT OR OTHER S DESCRIBE	R DOCUMENT V D HEREIN IS S	WITH RESPECT TO	WHICH THIS		
EXCLUSIONS AND CONDITIONS OF SUCH PO		S. LIM		N REDUCE	D BY PAID CL POLICY EFF	AIMS. Policy exp				
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000	
							EACH OCCURRENCE DAMAGE TO RENTED	200	00,000	
CLAIMS-MADE CLAIMS-MADE							PREMISES (Ea occurre	ence) 5	,	
A			OLDH532808		03/15/2023	03/15/2024	MED EXP (Any one pe	1 000 000		
			OLDH332000		03/13/2023	03/13/2024	PERSONAL & ADV INJ	0.000.000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	20	00,000	
POLICY JECT LOC							PRODUCTS - COMP/C	DPAGG \$ 2,0	00,000	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE L		00,000	
							(Ea accident)	\$ 1,0	00,000	
A OWNED SCHEDULED			OLDH532808		03/15/2023	03/15/2024	BODILY INJURY (Per p BODILY INJURY (Per a	· · ·		
			OLDH332000		03/13/2023	03/13/2024	PROPERTY DAMAGE			
							(Per accident)	\$		
								1.0	00,000	
			OLDH532808		03/15/2023	03/15/2024	EACH OCCURRENCE		00,000	
CLAIMS-MADE			0201002000		00/10/2020	00/10/2024	AGGREGATE	φ.	00,000	
DED RETENTION \$							X PER STATUTE	0TH-		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE								ER 1.0	00,000	
B OFFICER/MEMBER EXCLUDED?	N/A		WZDH532306		03/15/2023	03/15/2024	E.L. EACH ACCIDENT	1.0	00,000	
If yes, describe under							E.L. DISEASE - EA EM		00,000	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule.	may be att	ached if more s	bace is required)				
The General Liability and Auto Liability policy inc	-			-	-		ional insured status	to the		
certificate holder only when there is a written con										
and Auto Liability policy includes a blanket waive named insured and the certificate holder that rec										
provides this coverage only when there is a writt	en co	ntract	between the named insured	and the c	ertificate hold	ler that require	s it. The General Li			
policy contains a special endorsement with Prim	ary ar	nd No	ncontributory when required l	by written	contract wore	ding. Umbrella	is follow form.			
L CERTIFICATE HOLDER				CANCE	ELLATION					
				SHOU	ILD ANY OF T	HE ABOVE DE	SCRIBED POLICIES	BE CANCELLE	D BEFORE	
				, NOTICE WILL BE	DELIVERED IN					
Kilwins Chocolate Franchise, Inc					ACCORDANCE WITH THE POLICY PROVISIONS.					
1050 Bay View Rd										
							~			
Petoskey			MI 49770			1	Sin Whodo			
						-	ACORD CORPOR	RATION. All ri	ahts reserved.	

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AGENCY CUSTOMER ID: 00053195



## **ADDITIONAL REMARKS SCHEDULE**

Page of

AGENCY Whorton Insurance Services	NAMED INSURED CTX Confectionary LLC, DBA: Kilwins	
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
		EFFECTIVE DATE.

## ADDITIONAL REMARKS г

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes
The policies include a notice of cancellation endorsement providing for 30 days' advance notice if the policy is cancelled by the company other than for nonpayment of premium, or 10 days' notice if the policy is canceled for nonpayment of premium.