



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/02/2023

**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).**

<b>PRODUCER</b>  Corbin Finley(086032R) 8282 S Memorial Dr Ste 303  07/ <span style="float: right;">OK 74133-4346</span>	<b>CONTACT NAME:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> <b>PHONE</b>                      (A/C, NO, EXT): 918-492-8282                 </td> <td style="width: 30%;"> <b>FAX</b>                      (A/C, NO):                 </td> </tr> <tr> <td colspan="2"> <b>E-MAIL ADDRESS:</b> cfinley1@farmersagent.com                 </td> </tr> </table>	<b>PHONE</b> (A/C, NO, EXT): 918-492-8282	<b>FAX</b> (A/C, NO):	<b>E-MAIL ADDRESS:</b> cfinley1@farmersagent.com											
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<b>E-MAIL ADDRESS:</b> cfinley1@farmersagent.com															
<b>INSURED</b>  CEDARWOOD SWEETS, LLC 418 E 2ND ST  TULSA <span style="float: right;">OK 74120</span>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Truck Insurance Exchange</td> <td style="text-align: center;">21709</td> </tr> <tr> <td><b>INSURER B:</b> Farmers Insurance Exchange</td> <td style="text-align: center;">21652</td> </tr> <tr> <td><b>INSURER C:</b> Mid Century Insurance Company</td> <td style="text-align: center;">21687</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Truck Insurance Exchange	21709	<b>INSURER B:</b> Farmers Insurance Exchange	21652	<b>INSURER C:</b> Mid Century Insurance Company	21687	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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.

INSTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			607000574	07/11/2023	07/11/2024	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR									
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 1,000,000								
			MED EXP (Any one person) \$ 10,000								
			PERSONAL & ADV INJURY \$ 1,000,000								
			GENERAL AGGREGATE \$ 2,000,000								
		PRODUCTS - COMP/OP AGG \$ 1,000,000									
A	<b>AUTOMOBILE LIABILITY</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</td> <td style="width: 50%;"><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td> <td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			607000574	07/11/2023	07/11/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS									
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY									
			BODILY INJURY (Per person) \$								
			BODILY INJURY (Per accident) \$								
		PROPERTY DAMAGE (Per accident) \$									
		\$									
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b>			607055617	07/11/2023	07/11/2024	EACH OCCURRENCE \$ 1,000,000				
			AGGREGATE \$ 2,000,000								
			\$								
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	A02186199	07/11/2023	07/11/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$				
			E.L. EACH ACCIDENT \$ 1,000,000								
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000								
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000								
1,											

**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, Umbrella and Automobile. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Umbrella, Automobile Liability in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

<b>CERTIFICATE HOLDER</b>  Kilwins Chocolates Franchise Inc. & Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770	<b>CANCELLATION</b>  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 <i>Corbin Finley</i>
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