



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/21/2023

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 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> SKIP SORENSEN, AGENT 300 S COUNTY FARM RD, STE D WHEATON, IL 60187-2438 		<b>CONTACT NAME:</b> Brenda Sorensen <b>PHONE (A/C, No, Ext):</b> 630-588-9590 Ext 227 <b>E-MAIL ADDRESS:</b> Brenda.Sorensen.skno0@StateFarm.com <b>FAX (A/C, No):</b> 630-588-9626
<b>INSURED</b> REPUBLIC SYSTEMS, LLC 100 N HALE STREET WHEATON, IL 60187-5113		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> State Farm Fire and Casualty Company <b>INSURER B :</b> State Farm Mutual Automobile Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
		<b>NAIC #</b> 25143 25178

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> PRIMARY & NON-CONTRIB. <input checked="checked" type="checkbox"/> HIRED & NONOWNED AUTOS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	93-KJ-X431-4	09/19/2023	09/19/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="checked" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	P16 9559-A11-13L	07/11/2023	01/11/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 100,000
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="checked" type="checkbox"/> RETENTION \$ 10,000	Y	Y	93-GY-U086-9	12/29/2022	12/29/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	93-LV-Y017-8	01/29/2023	01/29/2024	<input checked="checked" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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, Automobile Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

It is agreed that it is the intention of the Company to provide 30 days written notice prior to the cancellation of the policy designated in this certificate. However, the Company assumes no liability for failure to do so. \*\*\* Workers Compensation Exclusions: Maribeth Barrett & William Barrett \*\*\*

**CERTIFICATE HOLDER****CANCELLATION**

<b>Kilwins Chocolates Franchise, Inc.</b> <b>Kilwin's Quality Confections Inc.</b> <b>1050 Bay View Road</b> <b>Petoskey, MI 49770</b>	<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.</b> <b>AUTHORIZED REPRESENTATIVE</b> 
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
09/21/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY <b>State Farm</b> SKIP SORENSEN 300 S. COUNTY FARM RD SUITE D WHEATON IL 60187		PHONE (A/C, No, Ext): 630-588-9590 X2	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No): 630-588-9626	E-MAIL ADDRESS:			
CODE: 13-3327	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED REPUBLIC SYSTEMS, LLC 100 N. HALE STREET WHEATON, IL 60187-5113	LOAN NUMBER	POLICY NUMBER 93-KJ-X431-4		
	EFFECTIVE DATE 09/19/2023	EXPIRATION DATE 09/19/2024	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
100 N. HALE STREET  
WHEATON, IL 60187

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### COVERAGE INFORMATION

PERILS INSURED  BASIC  BROAD  SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	\$241,000	\$1000
Building Betterments & Improvements	\$213,800	
Newly Acquired Business Personal Property	\$100,000	
Loss of Income & Extra Expense	Actual Loss Sustnd	12 Months
Dependent Property - Loss of Income	\$5,000	
Utility Interruption - Loss of Income	\$10,000	
Glass Expenses	\$10,000	
Back-Up of Sewer or Drain	\$15,000	
Spoilage - On Premises/Off Premises	\$15,000/\$5,000	
Food Contamination - Per Occurrence	\$10,000	

### REMARKS (Including Special Conditions)

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

### ADDITIONAL INTEREST

NAME AND ADDRESS KILWINS CHOCOLATES FRANCHISE, INC. KILWIN'S QUALITY CONFECTIONS INC. 1050 BAY VIEW ROAD PETOSKEY, MI 49770	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE <i>Skip Sorensen by Brande Sorensen 12.5</i>			

ACORD 27 (2016/03)

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