



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2023

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).

PRODUCER 	Rob Cutting Insurance Agency Inc 432 Eastwood Rd STE 100 Wilmington, NC 28403	CONTACT NAME: Rob Cutting PHONE (A/C, No, Ext): (910) 798-2460 E-MAIL ADDRESS: rob@robcuttinginsurance.com	FAX (A/C, No): (910) 798-2464
	INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company		NAIC # 25143
INSURED Legendairy Trio Inc Store 249 PO Box 2219 Wilmington, NC 28402-2219	INSURER B : <input type="checkbox"/>		<input type="checkbox"/>
		INSURER C : <input type="checkbox"/>	<input type="checkbox"/>
		INSURER D : <input type="checkbox"/>	<input type="checkbox"/>
		INSURER E : <input type="checkbox"/>	<input type="checkbox"/>
		INSURER F : <input type="checkbox"/>	<input type="checkbox"/>

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	93-KH-8148-0	08/28/2023	08/28/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	93-KH-8148-0	08/28/2023	08/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	BODILY INJURY (Per person) \$						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10000	Y	Y	3306C3	11/07/2023	11/07/2023	EACH OCCURRENCE \$ 1000000
	AGGREGATE \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	93-LD-8918-6	11/03/2023	11/03/2024	<input type="checkbox"/> PER STATUTE <input checked="" 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 1474 Barclay Pointe Blvd STE 204 Wilmington, NC 28412-1122
Kilwins Chocolates Franchise Inc and Kilwins 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 Workman's Compensation/Employers Liability. General Liability, Automobile Liability, and Umbrella in favor of Kilwins Chocolates Franchise Inc and Kilwins Quality Confections Inc. 30 days notice of cancellation or non-renewal.

CERTIFICATE HOLDER

CANCELLATION

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

© 1985-2015 ACORD CORPORATION. All rights reserved.