



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

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).

PRODUCER		CONTACT NAME:	
TEDDY BYRD		PHONE (A/C, No, Ext):	
PO Box 1031		FAX (A/C, No):	
COATS		E-MAIL ADDRESS:	
NC 27521		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/	
		23779	
		INSURER B : NATIONWIDE GENERAL INSURANCE COMPANY	
		23760	
		INSURER C : EMPLOYERS ASSURANCE COMPANY	
		36870	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED			
MAG'S DULCE LLC			
DBA KILWIN'S			
1400 Jenks Carpenter Rd			
CARY		NC 27519-9425	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			ACP BPFF 2294218106	12/05/2018	12/05/2019	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY			ACP BAG 2294218106	12/05/2018	12/05/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			ACP CAF 2294218106	12/05/2018	12/05/2019	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input type="checkbox"/>						AGGREGATE	\$ 1,000,000
	DED	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV 901065808	12/05/2018	12/05/2019	PER STATUTE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				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)

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 Worker's Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. Umbrella coverage is follow form. 30 day notice of cancellation to Franchiser applies on all coverage. This certificate applies to 2004 Boulderstone Way, Cary NC #64, and 3308 Village Market Place, Morrisville NC #153, and 200 park at North Hills, Suite 110, Raleigh NC 27609.

**CERTIFICATE HOLDER****CANCELLATION**

KILWINS CHOCOLATES FRANCHISE, INC  
KILWINS QUALITY CONFECTION INCORPORATED  
1050 BAY VIEW RD  
PETOSKEY

MI 49770-9006

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  
Teddy Byrd

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