



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2019

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):	FAX (A/C, No):
97 E MAIN ST		E-MAIL ADDRESS:	
COATS NC 27521		INSURER(S) AFFORDING COVERAGE	
		INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/	NAIC # 23779
INSURED		INSURER B : NATIONWIDE GENERAL INSURANCE COMPANY	23760
MAG'S DULCE LLC		INSURER C : EMPLOYERS ASSURANCE COMPANY	36870
DBA KILWIN'S		INSURER D :	
1400 JENKS CARPENTER RD		INSURER E :	
CARY NC 27519-8408		INSURER F :	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ACP BPF 2204218106	12/05/2019	12/05/2020	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> 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	
							GENERAL AGGREGATE \$ 4,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 4,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						\$	
	OTHER:						\$	
B	AUTOMOBILE LIABILITY			ACP BAG 2204218106	12/05/2019	12/05/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	X				X	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			ACP CAF 2204218106	12/05/2019	12/05/2020	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	X				X	AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$
	RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV 901065810	12/05/2019	12/05/2020	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER	
	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				X	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-CONTRIBUTING BASIS WITH REGARDS TO GENERAL LIABILITY, AUTOMOBILE LIABILITY AND UMBRELLA. WAIVER OF SUBROGATION WITH REGARDS TO WORKERS COMPENSATION / EMPLOYERS LIABILITY, GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND 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, 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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