



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2020

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 BELONGING TO THE CERTIFICATE HOLDER. 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		CONTACT NAME:	
TEDD / BYRD		PHONE (A/C, No, Ext):	FAX (A/C, No):
97 E MAIN ST		E-MAIL ADDRESS:	
COATS NC 27521		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: NATIONWIDE MUTUAL FIRE INSURANCE COMPANY	NAIC # 23779
MAG'S DULCE LLC		INSURER B: NATIONWIDE GENERAL INSURANCE COMPANY	23760
DBA KILWIN'S		INSURER C: EMPLOYERS ASSURANCE COMPANY	36870
1400 JENKS CARPENTER RD		INSURER D:	
CARY NC 27519-8408		INSURER E:	
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	ACP BPFF 2214218106	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 2,000,000 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 PRODUCTS - COMP/OP AGG \$ 4,000,000 OTHER: \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY	X	X	ACP BAG 2214218106	12/05/2020	12/05/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	ACP CAF 2214218106	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV 901065810	12/05/2020	12/05/2021	<input type="checkbox"/> PER STATUTE <input checked="" 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 See attached Acord 101

CERTIFICATE HOLDER KILWINS CHOCOLATES FRANCHISE, INC KILWINS QUALITY CONFECTION INCORPORATED 1050 BAY VIEW RD PETOSKEY MI 49770-9006	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.
	AUTHORIZED REPRESENTATIVE Teddy Byrd 

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ADDITIONAL REMARKS SCHEDULE

AGENCY TEDDY BYRD		NAMED INSURED MAG'S DULCE LLC	
POLICY NUMBER		DBA KILWIN'S	
CARRIER	NAIC CODE	1400 JENKS CARPENTER RD	
		CARY NC 27519-8408	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

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, 3303 MILLAGE MARKET PLACE, MORRISVILLE NC #153, AND 200 PARK AT NORTH HILLS, SUITE 110 RALEIGH NC, 27609 #160, AND 26 BATTERY PARK AVENUE, ASHEVILLE, NC 28801 #94.