



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/09/2021

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 TEDDY BYRD 97 E MAIN ST COATS NC 27521	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>NATIONWIDE MUTUAL FIRE INSURANCE COMP/</td> <td>23779</td> </tr> <tr> <td>INSURER B :</td> <td>NATIONWIDE GENERAL INSURANCE COMPANY</td> <td>23760</td> </tr> <tr> <td>INSURER C :</td> <td>EMPLOYERS ASSURANCE COMPANY</td> <td>36870</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	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 :		
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INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519-8408																						

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			ACP BPFF 2224218106	12/05/2021	12/05/2022	EACH OCCURRENCE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X				X	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
								MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			ACP BAG 2224218106	12/05/2021	12/05/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			ACP CAF 2224218106	12/05/2021	12/05/2022	EACH OCCURRENCE \$ 1,000,000	
	DED: _____ RETENTION \$ _____	X	X				AGGREGATE \$ 1,000,000	
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCV 902065810	12/05/2021	12/05/2022	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	N/A	X				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 SHELIA 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, 3308 VILLAGE 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.