



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/09/2022

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		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	ACP BP01 2234218106	12/05/2022	12/05/2023	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	ACP BA01 2234218106	12/05/2022	12/05/2023	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 type="checkbox"/> EXCESS LIAB	X	X	ACP CU01 2234218106	12/05/2022	12/05/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCV 902065813	12/05/2022	12/05/2023	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)

See attached Acord 101

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
SHELIA BYRD

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ACORD 25 (2016/03)

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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.



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/09/2022

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PRODUCER SHELIA BYRD 97 E MAIN ST COATS NC 27521	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/		23779
INSURER B : NATIONWIDE GENERAL INSURANCE COMPANY		23760
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
Loc # 001 Bldg# 001; 2004 BOULDERSTONE WAY CARY, NC 27519-8408 HIGH END FUDGE AND ICE CREAM STORE		

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	ACP BP01 2234218106	12/05/2022	12/05/2023	<input checked="" type="checkbox"/> BUILDING	\$ 227,100	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 243,600
	BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Months ALS
	BROAD				\$1,000	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 Months ALS
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
<input checked="" type="checkbox"/> EQUIP BRKDN			\$				
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
KILWINS CHOCOLATE FRANCHISE, INC & KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY 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 SHELIA BYRD

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PRODUCER		CONTACT NAME:	
SHELIA BYRD		PHONE (A/C, No. Ext):	FAX (A/C, No):
97 E MAIN ST		E-MAIL ADDRESS:	
COATS NC 27521		PRODUCER CUSTOMER ID:	
INSURED		INSURER(S) AFFORDING COVERAGE	
MAG'S DULCE LLC		INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/	NAIC # 23779
DBA KILWIN'S		INSURER B : NATIONWIDE GENERAL INSURANCE COMPANY	23760
1400 JENKS CARPENTER RD		INSURER C :	
CARY NC 27519-8408		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc # 002 Bldg# 001; 3308 VILLAGE MARKET PL MORRISVILLE, NC 27560-7549
ICE CREAM SHOP

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	ACP BP01 2234218106	12/05/2022	12/05/2023	<input checked="" type="checkbox"/> BUILDING	\$ 227,100		
		CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 243,600	
		BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Months ALS	
		BROAD				\$1,000	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 Months ALS	
		SPECIAL				CONTENTS		\$	
		EARTHQUAKE				\$1,000		RENTAL VALUE	\$
		WIND						BLANKET BUILDING	\$
		FLOOD						BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/> EQUIP BRKDOWN			BLANKET BLDG & PP	\$				
					\$				
	INLAND MARINE	TYPE OF POLICY				\$			
	CAUSES OF LOSS					\$			
	NAMED PERILS	POLICY NUMBER				\$			
						\$			
	CRIME					\$			
	TYPE OF POLICY					\$			
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
						\$			
						\$			

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

KILWINS CHOCOLATE FRANCHISE, INC &
KILWINS QUALITY CONFECTIONS, INC
1050 BAY VIEW ROAD
PETOSKY 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

SHELIA BYRD

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PRODUCER SHELIA BYRD 97 E MAIN ST COATS NC 27521	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519-8408	INSURER A:	NATIONWIDE MUTUAL FIRE INSURANCE COMP/ 23779
	INSURER B:	NATIONWIDE GENERAL INSURANCE COMPANY 23760
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc # 003 Bldg# 001; 200 PARK AT NORTH HILLS ST STE 110 RALEIGH, NC 27609-2658
ICE CREAM SHOP

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	ACP BP01 2234218106	12/05/2022	12/05/2023	<input checked="" type="checkbox"/> BUILDING	\$ 236,700	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 194,600
	BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Months ALS
	BROAD				\$1,000	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 Months ALS
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS		
	EARTHQUAKE				\$1,000		
	WIND						
	FLOOD						
<input checked="" type="checkbox"/> EQUIP BRKDN							
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

KILWINS CHOCOLATE FRANCHISE, INC &
KILWINS QUALITY CONFECTIONS, INC
1050 BAY VIEW ROAD
PETOSKY 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

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PRODUCER		CONTACT NAME:	
SHELIA BYRD 97 E MAIN ST COATS NC 27521		PHONE (A/C. No. Ext):	FAX (A/C. No.):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	
INSURED		NAIC #	
MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519-8408		INSURER A: NATIONWIDE MUTUAL FIRE INSURANCE COMP/ 23779	
		INSURER B: NATIONWIDE GENERAL INSURANCE COMPANY 23760	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
Loc # 004 Bldg# 001; 26 BATTERY PARK AVE ASHEVILLE, NC 28801-2715 ICE CREAM SHOP		

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A	<input checked="" type="checkbox"/> PROPERTY	ACP BP01 2234218106	12/05/2022	12/05/2023	<input checked="" type="checkbox"/> BUILDING	\$ 223,500	
	CAUSES OF LOSS				DEDUCTIBLES	<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 217,300
	BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 Months ALS
	BROAD				\$1,000	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 Months ALS
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	EARTHQUAKE				\$1,000	BLANKET BUILDING	\$
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> EQUIP BRKDOWN						\$
							\$
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
KILWINS CHOCOLATE FRANCHISE, INC & KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY 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 SHELIA BYRD

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