

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/03/2017

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).

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| INSR LTR | | TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 |
|-------------|--|---|-----|-------------|-----------------|----------------------------|----------------------------|-------------------------------------|----------------------------|
| А | X | CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED | \$ 1,000,000 \$ 300,000 |
| | | | | | | | | , , , | \$ 10,000 |
| | | | Υ | Υ | 96-CL-L900-1 | 11/17/2017 | 11/17/2018 | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| А | AU1 | OMOBILE LIABILITY | Υ | Υ | 416 6913-E05-06 | 10/13/2017 | 04/13/2018 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| А | X | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | Υ | | 96-CL-L924-1 | 11/17/2017 | 11/17/2018 | AGGREGATE | \$ |
| | | DED RETENTION\$ | | | | | | | \$ |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETIOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | Υ | 96-CG-M084-8 | 11/17/2017 | 11/17/2018 | PER OTH- STATUTE ER | |
| | | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| ^ | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
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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 and Umbrella. Waiver of Subrogation with regards to Workers' Compensation and General Liability in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. 30 day notice of cancellation.

Workers' Compensation Exclusion: Thomas Holbel

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|--|--|--|--|--|--|
| Kilwins Chocolates Franchise, Inc Kilwins Quality Confections Inc. | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| 1050 Bay View Road | AUTHORIZED REPRESENTATIVE | | | | |
| Petoskey, MI 49770 | | | | | |

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