

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2018

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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PRODUCER		CONTACT NAME:	Shynell Jasch			·	
State Farm	Baille Barbour State Farm	PHONE (A/C. No. Ex	tt: 303-883-8888	FAX (A/C, No):	720-63	30-8166	
	611 Mitchell Way Ste 106	E-MAIL ADDRESS:	Shynell@MyOneStopAgent.com				
8	Erie, CO 80516		INSURER(S) AFFORDING COVERAGE			NAIC#	
		INSURER A	: State Farm Fire and Casualty Compar	าy		25143	
Chocolates on Pearl LLC 1430 Pearl St Poulder, CO 80303		INSURER B	:				
		INSURER C	:				
		INSURER D	:				
		INSURER E	:				
		INSURER F	:				
COVERAGES CERTIFICATE NUMBER:			REVISION NUM	IBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							

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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD 1,000,000 **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED 300,000 CLAIMS-MADE X \$ PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) Υ 96-CL-L900-1 11/17/2017 11/17/2018 Α 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 \$ POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1.000.000 **AUTOMOBILE LIABILITY** 04/13/2018 | 10/13/2018 \$ 437 6788-D13-06 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED Α AUTOS ONLY HIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ UMBRELLA LIAB 1,000,000 OCCUR EACH OCCURRENCE \$ 96-CI -I 924-1 11/17/2017 11/17/2018 **EXCESS LIAB** Υ **CLAIMS-MADE** AGGREGATE DED RETENTION \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 11/17/2017 11/17/2018 Υ 96-CG-M084-8 1,000,000 (Mandatory in NH) \$ E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

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 and Stacie 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 Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE Jusch				

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