

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2017

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).

State Farm JULIE MEYERS 8634 VETERANS MEMORIAL PARKWAY OFALLON, MO 63366				TE: DIANED	E NAGEL		
				PHONE (A/C, No, Ext): 636-379-0832 FAX (A/C, No): 636-548-6299 E-MAIL DIANE@AGENTJULIEMEYERS.COM			
				INSURER A : State Farm Fire and Casualty Company			25143
				NSURED			
DOUBLE D'S SWEET TREA	NC		INSURER B:				
DBA KILWIN'S OF BRANSO			INSURER D :				
813 BRANSON LANDING BI							
BRANSON, MO 65616-2097			INSURER E :				
	` A T	NUMBER:	INSURER F : REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF QUIF PERT POLI	INSU. REME AIN, CIES.	RANCE LISTED BELOW HAVE E NT. TERM OR CONDITION OF . THE INSURANCE AFFORDED E LIMITS SHOWN MAY HAVE BEE	ANY CONTRACT BY THE POLICIE N REDUCED BY	THE INSUR OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY							000,000
CLAIMS-MADE OCCUR						DAMAGE TO RENTED \$ 300	0,000
						MED EXP (Any one person) \$ 10,	,000
	Υ	Υ	95-B4-Q400-6	02/17/2017	02/17/2018		000,000
GEN'L AGGREGATE LIMIT APPLIES PER				1 1			000,000
NAC DOO				1			000,000
						PRODUCTS - COMPTOP AGG S = 1.0	
OTHER: AUTOMOBILE LIABILITY			100 0000 500 05	44/00/0047	05/00/0040	COMBINED SINGLE LIMIT & 1 C	000,000
	Υ	Υ	433 0338-E09-25	11/09/2017	05/09/2018	(Ea accident)	000,000
ANY AUTO OWNED SCHEDULED							
AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	
AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	
						\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 2,0	000,000
EXCESS LIAB CLAIMS-MADE	Υ	Y	95-B4-Q42-3	02/17/2017	02/17/2018	AGGREGATE \$	
DED RETENTIONS						\$	
WORKERS COMPENSATION						X PER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N			05.00 11107.4	05/04/0047	05/04/0040	E.L. EACH ACCIDENT S 1.0	000,000
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A		95-CC-H107-4	05/01/2017	05/01/2018	E.L. DISEASE - EA EMPLOYEE \$ 1,0	000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT & 1,0	000,000
IDESCRIPTION OF OPERATIONS DELOW							
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC illwin's Chocolates Franchise, Inc and Kilw ieneral Liability,Automobile Liability and U- iith regards Io Workers' Compensation/Em illwin's Quality Confections, Inc.	in's C mbrel	Qualit Ila in	y Confections, Inc are listed as favor of Kilwin's Chocolates Fra	Additional Insuranchise, Inc. and	ed on Primary I Kilwin's Qua	y and Non-Contributory basis wi ility Confections, Inc. Waiver of S	Subrogation
ERTIFICATE HOLDER				CANCELLATION			
Kilwin's Chocolates Franchis		Т Т	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Kilwin's Quality Confections 1050 Bay View Road Petroskey, Mi 49770				AUTHORIZED REPRESENTATION			

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AGENCY CUSTOMER ID:	
LOC #:	

ACORD®	ADDITIONA	ADDITIONAL REMARKS SCHEDULE		
AGENCY			NAMED INSURED	
JULIE MEYERS			DOUBLE D'S SWEET TREATS, INC	
POLICY NUMBER			DBA KILWIN'S OF BRANSON	
95-B4-Q400-6 F			813 BRANSON LANDING BLVD	
CARRIER		NAIC CODE	BRANSON, MO 65616-2097	

State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	02/17/2017					
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE								
30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage.								