



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/2022

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).

|                                                                                         |  |                                                                                                                                                                  |                        |
|-----------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>PRODUCER</b><br>BKC Insurance Services<br>220 Water Street<br><br>Cheboygan MI 49721 |  | <b>CONTACT NAME:</b> Nicole Chimner<br><b>PHONE (A/C, No, Ext):</b> (231) 627-4381<br><b>E-MAIL ADDRESS:</b> nchimner@burns-eustice.com<br><b>FAX (A/C, No):</b> |                        |
|                                                                                         |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                             |                        |
|                                                                                         |  | <b>INSURER A:</b> The Cincinnati Ins Co                                                                                                                          | <b>NAIC #</b><br>23280 |
|                                                                                         |  | <b>INSURER B:</b> Home Owners Insurance Company                                                                                                                  | 26638                  |
|                                                                                         |  | <b>INSURER C:</b>                                                                                                                                                |                        |
|                                                                                         |  | <b>INSURER D:</b>                                                                                                                                                |                        |
|                                                                                         |  | <b>INSURER E:</b>                                                                                                                                                |                        |
|                                                                                         |  | <b>INSURER F:</b>                                                                                                                                                |                        |

**COVERAGES**

CERTIFICATE NUMBER: CL227819253

REVISION NUMBER:

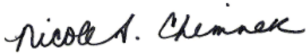
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | ECP 0388064   | 07/15/2022              | 07/15/2023              | EACH OCCURRENCE                           | \$ 1,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 10,000                                                                                                                                                                                                 |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | AI Prim Noncontributory                   | \$                                                                                                                                                                                                        |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                    | Y         | Y        | ECP 0388064   | 07/15/2022              | 07/15/2023              | 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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                    | Y         | Y        | ECP 0388064   | 07/15/2022              | 07/15/2023              | EACH OCCURRENCE                           | \$ 1,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         | AGGREGATE                                 | \$ 1,000,000                                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                            |           |          |               |                         |                         |                                           | \$                                                                                                                                                                                                        |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N<br>Y  | N/A      | Y             | 33073993                | 11/19/2021              | 11/19/2022                                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)**

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insured on Primary Non Contributory Basis with regards to General Liability, Auto Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability, Umbrella and Workers Compensation in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.  
 Umbrella coverage is following form  
 Thirty (30) day notice of cancellation or non-renewal notice applies.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kilwin's Chocolate Franchise INC Kilwins Quality Confections, Inc.<br>1050 Bay View Rd<br><br>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<br>                                             |

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Home-Owners Insurance Company

27060 (10-86)Y

Worker's Compensation and Employers Liability Insurance Policy

## **WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

WC 00 03 13

We have the right to recover our payments from anyone liable for any injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

### Schedule

**KILWINS CHOCOLATE FRANCHISE INC  
1050 BAY VIEW ROAD  
PETOSKEY MI 49770**

**KILWINS QUALITY CONFECTIONS INC  
1050 BAY VIEW ROAD  
PETOSKEY MI 49770**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

**Name of Person or Organization:**

**KILWIN'S CHOCOLATE FRANCHISE INC. & KILWIN'S QUALITY CONFEXTIONS INC.  
1050 BAY VIEW RD  
PETOSKEY, MI 49770-9006**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV -- COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY/NONCONTRIBUTORY - OTHER INSURANCE  
CONDITION SCHEDULED PERSON  
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

**KILWIN'S CHOCOLATES FRANCHISE INC AND KILWIN'S QUALITY CONFECTIONS INC  
1050 BAY VIEW RD  
PETOSKEY, MI 49770-9006**

The following is added to the **Other Insurance** Condition and supercedes any provision to the contrary:

**Primary and Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured described in the Schedule of this endorsement provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.