OP ID: KB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/02/2020

ACORD

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.

Bush Insurance & Financial Services 256 Jackson Meadows Dr Ste 100 Hermitage, TN 37076 Johnston & Associates INSURED Midstate Confections, Inc. DBA Kilwins 620 Crofton Park Ln Franklin, TN 37069-6514 INSURER D INSURANCE LISTED BELOW HAVE BEEN I INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY C CERTIFICATE MUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN I INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY C CERTIFICATE MUMBER: ADDL SUBR BUSINES SHOWN MAY HAVE BEEN RED INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RED INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RED INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RED INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	INSU A: Grange B: C: D: E: F: ISSUED TO CONTRACT HE POLICIE DUCED BY POLICY EFF	JRER(S) AFFOR Insurance THE INSURE OR OTHER IS DESCRIBEI	REVISION NUMBER: ED NAMED ABOVE FOR DOCUMENT WITH RESP D HEREIN IS SUBJECT LIM EACH OCCURRENCE	ECT TO WHICH TO ALL THE TER	LIOD THIS
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	IM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	1	
A X COMMERCIAL GENERAL LIABILITY	06/01/2020	06/01/2021		1,	
CLAIMS-MADE X OCCUR X X 2780871	00/01/2020	00/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		,000,000 00,000
A X Hired Auto 2780871				\$	10
A X Non-Owned Auto 2780871			MED EXP (Any one person)	1	,000,000
			PERSONAL & ADV INJURY	3	,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PECT LOC			GENERAL AGGREGATE	3	,000,000
			PRODUCTS - COMP/OP AGO	J J	,000,000
OTHER: AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$ \$	
ANY AUTO			(Ea accident)	\$	
OWNED AUTOS ONLY AUTOS			BODILY INJURY (Per person)		
			BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			(Per accident)	\$	
A V				\$	000 000
A UMBRELLA LIAB X OCCUR EVCESS LIAB CLAIMS.MADE 2785104			EACH OCCURRENCE	Φ	,000,000
EXCESS LINE OF A STATE	06/01/2020	06/01/2021	AGGREGATE	\$ 2,	,000,000
DED RETENTION \$ 10,000			DED OTH	\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		06/01/2021	X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A X 2785102 X	06/01/2020		E.L. EACH ACCIDENT	\$ 1,	,000,000
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYE	E \$ 1,	,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMI	1,	,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be at Certificate Holder is Additional Insured, General Liability, per written contract, Primary & Non-contributory and Waiver of Subrogation apply, with 30 Day cancellation	attached if mor	e space is requii	red)		
	LLATION				
Kilwins Chocolate FranchiseInc Kilwins Quality ConfectionsInc 1050 Bay View Road	EXPIRATION RDANCE WI	I DATE THI TH THE POLIC	DESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		

OP ID: KB

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/02/2020

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lf	SUI	BROGATION IS WA	AIVED, subject	to th	ne te	rms and conditions of the fificate holder in lieu of su	e poli	cy, certain p	olicies may				
PRODUCER 615-794-9668						CONTACT Leighton G. Bush							
Bush Insurance & Financial Services							PHONE (A/C, No, Ext): 615-794-9668 FAX (A/C, No): 615-794-9674						
256 J Herm	ackso itage	on Meadows Dr Ste 100 , TN 37076					E-MAIL ADDRE	ss: janet@b	ushins.com	า	(100, 110)		
Johnston & Associates													NAIC #
							INSURER A : Grange Insurance						14060
INSURED Midstate Confections, Inc.							INSURER B:						
		DBA Kilwins 620 Crofton Park Ln					INSURE	R C :					
		Franklin, TN 37069-6514						INSURER D:					
							INSURER E :						
							INSURER F:						
СО	VER	RAGES	CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
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INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X	COMMERCIAL GENERA	AL LIABILITY							EACH OCCURREN		\$	1,000,000
			X OCCUR			2780871	780871		06/01/2021	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	300,000
Α	X	Hired Auto				2780871				MED EXP (Any one	person)	\$	10
Α	X	Non-Owned Auto				2780871				PERSONAL & ADV	INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X	POLICY PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE	LIMIT	\$	
	AU	TOMOBILE LIABILITY								(Ea accident)	- LIIVII I	\$	
		ANY AUTO	SCHEDULED							BODILY INJURY (P	er person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (P		\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	JL	\$	
Λ			<u> </u>		-							\$	4 000 000
Α		1 -	X OCCUR			2785104		00/04/2020	06/01/2021	EACH OCCURRENCE \$		1,000,000 2,000,000	
	DED RETENTION \$ 10,000				2700104		06/01/2020	00/01/2021	AGGREGATE		\$	2,000,000	
Α	DED RETERTION /		ή γ	N/A						X PER STATUTE	OTH- ER	\$	
		VORKERS COMPENSATION IND EMPLOYERS' LIABILITY Y/N				2785102	785102		06/01/2021			_	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		D?			2,00.02		06/01/2020		E.L. EACH ACCIDE		\$	1,000,000
	If ve	es, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - EA			1,000,000
	DES	CRIPTION OF OPERATION	DINS DEIOW							E.L. DISEASE - POI	LICY LIMIT	\$,,
DES	CRIPT	TION OF OPERATIONS / L	OCATIONS / VEHIC	LES (/	ACORE) 101, Additional Remarks Schedu	le. mav b	e attached if mo	re space is requir	red)			
				•		,	., .,						
CERTIFICATE HOLDER CANCELLATI								CELLATION					
CITYFR1													
City of Franklin 109 3rd Ave. S Franklin, TN 37064						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lighton J Bush							