



CERTIFICATE OF LIABILITY INSURANCE

KILWI01

OP ID: DJ

DATE (MM/DD/YYYY)

05/15/2017

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 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).

PRODUCER
Greystone Insurance Associates
P.O. Box 2300
Boone, NC 28607
Deborah Jackson, CIC, CISR, CBIA

CONTACT NAME: Linda Gilleland (S), CIC, CBIA

PHONE (A/C, No, Ext): 828-264-2626

FAX (A/C, No): 828-264-8985

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Cincinnati Insurance Company

INSURER B: Cincinnati Casualty Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
BILCAT, INC., DBA KILWINS
BLOWING ROCK, WILLBRAN, INC.
DBA KILWINS WILMINGTON,
WILLBRAN TOO INC
DBA KILWINS GATLINBURG
P.O. Box 682
Blowing Rock, NC 28605

COVERAGES

CERTIFICATE NUMBER:

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	ECP0248756	03/30/2017	03/30/2018	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 - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	EBA0064169	03/30/2017	03/30/2018	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	EUP0071096	03/30/2017	03/30/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A	EWEC029958600	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Workers Compensation/Employers Liability, General Liability, Automobile, Umbrella in favor of (next page)

CERTIFICATE HOLDER

CANCELLATION

KI49770

Kilwins Chocolates Franchise,
Inc. Kilwin's Quality
Confections Inc.
1050 Bay View Road
Petoskey, MI 49770

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

Deborah Jackson

NOTEPAD

INSURED'S NAME BILCAT, INC., DBA KILWINS

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Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.

Umbrella is not follow form, but coverage additions made to satisfy the franchise.

30 day notice of cancellation or non-renewal added in favor of the franchise on all coverages.

74 SHOPPES ON THE PARKWAY ROAD, BLOWING ROCK, NC 28605

1103 MAIN STREET, BLOWING ROCK, NC 28605

14 MARKET STREET, WILMINGTON, NC 28401

645 E. Parkway, Gatlinburg, TN 37738



OP ID: DJ

EVIDENCE OF PROPERTY INSURANCEDATE (MM/DD/YYYY)
05/13/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Greystone Insurance Associates P.O. Box 2300 Boone, NC 28607 Deborah Jackson, CIC, CISR, CBIA		PHONE (A/C, No, Ext): 828-264-2626		COMPANY Cincinnati Insurance Company P.O. Box 145496 Cincinnati, OH 45250-5496	
FAX (A/C, No): 828-264-8985		E-MAIL ADDRESS:			
CODE: 32092		SUB CODE:			
AGENCY CUSTOMER ID #: KILWI01					
INSURED Kilwins DBA BILCAT, Inc. P.O. Box 682 Blowing Rock, NC 28605		LOAN NUMBER		POLICY NUMBER ECP0248756	
		EFFECTIVE DATE 03/30/17		EXPIRATION DATE 03/30/18	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION 74 Shoppes on The Parkway Road Blowing Rock, NC 28605
<p>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 EVIDENCE OF PROPERTY INSURANCE 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.</p>

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premise 1 Building 1 BPP/Betterments & Improvements	\$300,000	\$2,500
Premise 2 Building 1 BUILDING	\$1,200,000	\$2,500
BPP/Betterments & Improvements	\$350,000	\$2,500
Premise 2 Building 2 BUILDING	\$100,000	\$2,500
BPP/Betterments & Improvements	\$10,000	\$2,500
Premise 3 Building 1 BPP/Betterments & Improvements	\$400,000	\$2,500
Premise 4 Building 1 BPP/Betterments & Improvements	\$350,000	\$2,500
SPOILAGE	\$10,000	\$2,500
REPLACEMENT COST/AGREED VALUE/30 DAY NOTICE		
BUSINESS INCOME & EXTRA EXPENSE - ALS	12 Months	72

REMARKS (Including Special Conditions)**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Kilwin's Chocolates Franchise, Inc. & Kilwin's Quality Confections, INC 355 N. Division Rd. Petoskey, MI 49770	<input type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

EVIDENCE OF PROPERTY INSURANCE
PROPERTY SCHEDULE

DATE(MM/DD/YY)

05/13/2017

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PROPERTY INFORMATION

LOCATION/DESCRIPTION

1103 Main Street
Blowing Rock, NC 28605

PROPERTY INFORMATION

LOCATION/DESCRIPTION

1103 Main Street
Blowing Rock, NC 28605

PROPERTY INFORMATION

LOCATION/DESCRIPTION

14 Market Street
Wilmington, NC 28401

PROPERTY INFORMATION

LOCATION/DESCRIPTION

645 Parkway
Gatlinburg, TN 37738

PROPERTY INFORMATION

LOCATION/DESCRIPTION

PROPERTY INFORMATION

LOCATION/DESCRIPTION

PROPERTY INFORMATION

LOCATION/DESCRIPTION

PROPERTY INFORMATION

LOCATION/DESCRIPTION

ATTACH TO EVIDENCE OF PROPERTY APPLICATION

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS
GREYSTONE INSURANCE A DIVISION OF LIFESTORE INSURANCE
PO BOX 2300
BOONE, NC 28607-4855

NFIP Policy Number: 3002066335
Company Policy Number: 3002066335

Agency Code: 15029600
Policy Term: 06/28/2017 12:01 AM through 06/28/2018 12:01 AM
Renewal Billing Payer: INSURED

To report a claim, call: (877) 254-6819
Agency Phone: (828) 264-2626

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

PREFERRED RISK POLICY - GENERAL PROPERTY FORM

DELIVERY ADDRESS

WILLBRAN TOO, INC., DBA KILWINS GATLINBURG
PO BOX 770
BLOWING ROCK, NC 28605

INSURED NAME(S) AND MAILING ADDRESS

WILLBRAN TOO, INC., DBA KILWINS GATLINBURG
PO BOX 770
BLOWING ROCK, NC 28605

COMPANY MAILING ADDRESS

AUTO-OWNERS INSURANCE COMPANY
PO BOX 912398
DENVER, CO 80291-2398

PROPERTY LOCATION

645 PARKWAY
GATLINBURG, TN 37738-3203

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 06/28/2013
REINSTATEMENT DATE: N/A
BUILDING OCCUPANCY: NON-RESIDENTIAL - BUSINESS
CONDOMINIUM INDICATOR: NOT A CONDO
NUMBER OF UNITS: N/A
PRIMARY RESIDENCE: NO
ADDITIONS/EXTENSIONS: SELECT
BUILDING TYPE: ONE FLOOR
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DESCRIPTION: N/A

DATE OF CONSTRUCTION: 01/01/1980
COMMUNITY NUMBER: 475426 0334 E REGULAR PROGRAM
COMMUNITY NAME: GATLINBURG, CITY OF
CURRENT FLOOD ZONE: X
GRANDFATHERED: NO
FLOOD RISK/RATED ZONE: X
ELEVATION DIFFERENCE: N/A
ELEVATED BUILDING TYPE: NON-ELEVATED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NUMBER: N/A

SECOND MORTGAGEE:

LOAN NUMBER: N/A

ADDITIONAL INTEREST:

LOAN NUMBER: N/A

DISASTER AGENCY:

CASE FILE NUMBER: N/A
DISASTER AGENCY:

PREMIUM CALCULATION —

	COVERAGE	DEDUCTIBLE
BUILDING	\$0	\$0
CONTENTS	\$300,000	\$1,000

Coverage limitations may apply. See your policy form for details.

Preferred Risk Policy

PRP BASE PREMIUM:	\$1,222.00
PRP MULTIPLIER:	1.000
ANNUAL SUBTOTAL:	\$1,222.00
INCREASED COST OF COMPLIANCE:	\$0.00
COMMUNITY RATING DISCOUNT:	0% \$0.00
RESERVE FUND ASSESSMENT:	15.0% \$183.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$1,405.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$25.00
TOTAL:	\$1,680.00

Zero Balance Due
This Is Not A Bill

Policy Issued by AUTO-OWNERS INSURANCE COMPANY

Company NAIC: 18988



File: 8591117

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Printed 05/12/2017

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS
GREYSTONE INSURANCE A DIVISION OF LIFESTORE INSURANCE
PO BOX 2300
BOONE, NC 28607-4855

NFIP Policy Number: 3002076124
Company Policy Number: 3002076124

Agency Code: 15029600
Policy Term: 08/28/2017 12:01 AM through 08/28/2018 12:01 AM
Renewal Billing Payor: INSURED

To report a claim, call: (877) 254-6819
Agency Phone: (828) 264-2626

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

PREFERRED RISK POLICY - GENERAL PROPERTY FORM

DELIVERY ADDRESS

WILLBRAN, INC DBA KILWINS, WILMINGTON
PO BOX 682
BLOWING ROCK, NC 28605

INSURED NAME(S) AND MAILING ADDRESS

WILLBRAN, INC DBA KILWINS, WILMINGTON
PO BOX 682
BLOWING ROCK, NC 28605

COMPANY MAILING ADDRESS

AUTO-OWNERS INSURANCE COMPANY
PO BOX 912398
DENVER, CO 80291-2398

PROPERTY LOCATION

14 MARKET ST
WILMINGTON, NC 28401-4454

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 08/28/2013
REINSTATEMENT DATE: N/A
BUILDING OCCUPANCY: NON-RESIDENTIAL - BUSINESS
CONDOMINIUM INDICATOR: NOT A CONDO
NUMBER OF UNITS: N/A
PRIMARY RESIDENCE: NO
ADDITIONS/EXTENSIONS: SELECT
BUILDING TYPE: TWO FLOORS
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DESCRIPTION: N/A

DATE OF CONSTRUCTION: 01/01/2001
COMMUNITY NUMBER: 370171 3117 K REGULAR PROGRAM
COMMUNITY NAME: WILMINGTON, CITY OF
CURRENT FLOOD ZONE: X
GRANDFATHERED: NO
FLOOD RISK/RATED ZONE: X
ELEVATION DIFFERENCE: N/A
ELEVATED BUILDING TYPE: NON-ELEVATED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NUMBER: N/A

SECOND MORTGAGEE:

LOAN NUMBER: N/A

ADDITIONAL INTEREST:

LOAN NUMBER: N/A

DISASTER AGENCY:

CASE FILE NUMBER: N/A

DISASTER AGENCY:

Preferred Risk Policy

PREMIUM CALCULATION —

	COVERAGE	DEDUCTIBLE
BUILDING	\$0	\$0
CONTENTS	\$300,000	\$1,000

Coverage limitations may apply. See your policy form for details.

PRP BASE PREMIUM:	\$1,222.00
PRP MULTIPLIER:	1.000
ANNUAL SUBTOTAL:	\$1,222.00
INCREASED COST OF COMPLIANCE:	\$0.00
COMMUNITY RATING DISCOUNT:	0% \$0.00
RESERVE FUND ASSESSMENT: 15.0%	\$183.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$1,405.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$25.00
TOTAL:	\$1,680.00

Zero Balance Due
This Is Not A Bill

Policy Issued by AUTO-OWNERS INSURANCE COMPANY

Company NAIC: 18988



File: 8591118

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