

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2018

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 confor rights to the certificate holder in liqu of such endorsement(s)

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PRODUCER CONTACT Deborah Jackson								
Greystone Insurance	PHONE (A/C, No. Ext): (828)26					4-8985		
a div of LifeStore Insurance	ADDRESS: djackson@	golifestore.co	m					
148 Hwy 105 Ext, Ste 204	INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#		
Boone	INSURER A: Cincinnati Casualty Company					28665		
INSURED	INSURER B:							
Willbran Too INC	INSURER C:							
Po Box 682	INSURER D:							
	INSURER E:							
Blowing Rock	NC 28605-0682	INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL182214346 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 INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	2.04.00	LIMITS			
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTE		\$		
CLAIMS-MADE OCCUR		PREMISES (E			occurrence) \$			
				MED EXP (Any one p	MED EXP (Any one person) \$			
			PERSONAL & ADV INJURY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$				
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG \$				
OTHER:				COMBINED SINGLE LIMIT &				
AUTOMOBILE LIABILITY				(Ea socident) BODILY INJURY (Per person) \$				
ANY AUTO OWNED SCHEDULED				BODILY INJURY (Per		\$		
AUTOS ONLY AUTOS NON-OWNED	AUTOS ONLY AUTOS NON-OWNED		PROPER			DAMAGE &		
AUTOS ONLY AUTOS ONLY				(Per accident)		\$		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	F	s		
EXCESS LIAB CLAIMS-MADE				AGGREGATE		s		
DED RETENTION \$				7,007,120,172	7	\$		
WORKERS COMPENSATION			7 03/18/2018	PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	NY PROPRIETOR/PARTNER/EXECUTIVE N/A Y EWC 0310642			E.L. EACH ACCIDEN	S 1,000,000		,000	
A OFFICER/MEMBER EXCLUDED? N/A Y (Mandatory In NH)				E.L. DISEASE - EA E	SE - EA EMPLOYEE \$ 1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLI	4 000 000		,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
Waiver of Subrogation in Favor of the Franchise								
643 Parkway, Gatlinburg TN 37738								
CERTIFICATE HOLDER CANCELLATION								
,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Kilwins Chocolates Franchise, Inc. and Kil	ACCORDANCE WIT	ACCORDANCE WITH THE POLICY PROVISIONS.						
Quality Confections, Inc.	AUTHORIZED REPRESEN	NTATIVE						
1050 Bay View Road								
Petoskey MI 49770 Dalback Quica								
			@ 4000 204E	ACORD CORRO	DATION	All alas	to socostad	