

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2020

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

lf ti	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).											
PRO	DUCE	ER .				CONTA NAME:	CT Deborah	Jackson				
Gre	ysto	ne Insurance				PHONE (828) 264-2626 FAX (A/C, No): (828) 264-8985				264-8985		
a div of LifeStore Insurance					E-MAIL ADDRESS: djackson@golifestore.com							
148 Hwy 105 Ext, Ste 204						ADDRESS.						11010#
Boo	ne				NC 28607	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company					NAIC #	
INSL	RED					·	Cinaina	ti Casualty Co				28665
		Bilcat, Inc.				INSURE		Oddadity Co	прапу			20003
		(See Addtional Named Insureds	1			INSURE						
		Po Box 682	,			INSURE						
		Blowing Rock			NC 28605-0682	INSURER E : INSURER F :						
CO	/ER	AGES CER	TIFIC	ATE	NUMBER: CL204918573				REVISION NUM	BER:		<u> </u>
CE	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES OF ATED. NOTWITHSTANDING ANY REQUI FICATE MAY BE ISSUED OR MAY PERTA ISIONS AND CONDITIONS OF SUCH PO	REME NN, TI LICIE	:NT, TI HE IN: S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THI IITS SHOWN MAY HAVE BEEN	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT \ D HEREIN IS S AIMS.	MTH RESPECT TO	WHICH TH	OD IIS	
INSR LTR	L.,	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		1,00	0,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		1,00	0,000
									MED EXP (Any one person)		s 10,000	
Α			Y	Y	ECP 0248756		03/30/2020	03/30/2021	PERSONAL & ADV IN	ONAL & ADV INJURY \$ 1,00		0,000
	GEI	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	2.00		0,000
	×	POLICY PRO- LOC					ĺ		PRODUCTS - COMPA	2.000		0,000
		OTHER:							EPLI		1,00	0,000
	AU1	OMOBILE LIABILITY							COMBINED SINGLE ((Ea accident)	LIMIT	1,00	0,000
	×	ANY AUTO	l						BODILY INJURY (Per	person)	<u> </u>	
Α		OWNED SCHEDULED AUTOS	Υ	Y	EBA 0064159	03/30/2020	03/30/2021	BODILY INJURY (Per	accident) \$	cident) \$		
	X	A LIBER A MONOMORED							PROPERTY DAMAGE (Per accident)		5	
		ASTOS GILE							(Fer accident)		<u> </u>	
	X	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	_	5.00	0,000
Α		EXCESS LIAB CLAIMS-MADE Y Y EUP 0071096			03/30/2020	03/30/2021	AGGREGATE		<u></u>	0,000		
	DED RETENTION S 0							AGGREGATE		•	<u> </u>	
		RKERS COMPENSATION							➤ PER STATUTE	OTH- ER		
_		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					01/01/2020				1,00	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		EWC 0299586	WC 0299586		01/01/2021	E.L. EACH ACCIDENT		4.00	0,000		
	If yes	s, describe under CRIPTION OF OPERATIONS below	scribe under						E.L. DISEASE - EA EN	''' `	<u> </u>	0,000
		ONLY FIGH OF CITCHIONS DOOR		-			<u> </u>		E.L. DISEASE - POLIC	CY LIMIT 3	3 1,00	
										}		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Kilw	ns C	Chocolates Franchise, Inc. and Kilwins C	Quality	/ Conf	fections, Inc. are listed as Ado	ditional l	nsured on Prim	ary and Non-C	ontributory basis v	vith regards	,	
Wai	ener /er o	al Liability, Automobile Liability and Uml f Transfer of Rights with regards to Wor	brella. kers (Comni	ensation/Employers Lightility	General	Liability Autom	ohile I ishility	l Imbrella Lishility i	n favor of		
Kilw	Waiver of Transfer of Rights with regards to Workers Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella Liability in favor of Kilwins											
Cho	colat	es Franchise, Inc. and Kilwin's Quality (Confe	ctions	, Inc.							
(Pag	e 1	of 3)										
CEF	TIF	CATE HOLDER				CANC	ELLATION					
						THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES , NOTICE WILL BE			BEFORE
Kilwins Chocolates Franchise, Inc. and Kilwin's					ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.				
Quality Confections, Inc.												
		1050 Bay View Road			Í	AUTHORIZED REPRESENTATIVE						
	Petoskey MI 49770				MI 49770	Mar Maria						

AGENCY CUSTOMER ID:	00033004
LOC #:	



ACORD ADDITIONAL	. REMA	ARKS SCHEDULE	Page	of
AGENCY		NAMED INSURED		
Greystone Insurance		Bilcat, INC.		
POLICY NUMBER				
CARRIER	NAIC CODE			
APPERONAL PRIMARYA		EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORI FORM NUMBER: 25 FORM TITLE: Certificate of Liability		Intes		
30 Day Notice of Cancellation or Nonrenewal added in favor of the franchi				
200 Shoppes On the Parkway Rd., Blowing Rock, NC 28605 1103 Main St., Blowing Rock, NC 28605 14 Market St., Wilmington, NC 28401 645 Parkway, Gatlinburg, TN 33738				
Form numbers associated with Additional Insured, Primary, Noncontributo AA4004 03/06,AA4174 11/05,AA 4195 01/07 GA 2015 04/13,GA4049 09/1US4032 09/02, WC00 03/13	ry and Waiver 17, CG 2404 1	of Transfer of Right are as follows: 10/93, US4096 10/10,		

Additional Named Insureds Other Named Insureds Bilcat, Inc. dba Kilwin's, Blowing Rock; Willbran, Inc. dba Kilwin's, Wilmington; Willbran Too, Inc. dba Kilwin's, Gatlinburg OFAPPINF (02/2007) COPYRIGHT 2007, AMS SERVICES INC

ADDITIONAL INSURED - VENDORS

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) (Vendor)	Your Products			
	CHOCOLATE AND CONFECTIONS			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

A. Section II - Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) (referred to throughout this endorsement as vendor) shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business.

However:

- The insurance afforded to such vendor only applies to the extent permitted by law; and
- If coverage provided to the vendor is required by a contract or agreement, the insurance afforded to such vendor will not be broader than that which you are required by the contract or agreement to provide for such vendor.
- **B.** With respect to the insurance afforded to these vendors, the following additional exclusions apply:
 - The insurance afforded the vendor does not apply to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement:
- **b.** Any express warranty unauthorized by you;
- Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in

- connection with the distribution or sale of the products;
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (1) The exceptions contained in Subparagraphs d. or f.; or
 - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual

- course of business, in connection with the distribution or sale of the products.
- This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- C. With respect to the insurance afforded to these vendors, the following is added to Section III -Limits Of Insurance:

If coverage provided to the vendor is required by a contract or agreement, the most we will pay on behalf of the vendor is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Dedarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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, 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.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Policy Number:				
03-30-2020	EBA 006 41 59				
Named Insured:					
BILCAT INC DBA KILWINS BLOWING ROCK					
Countersigned by:					

(Authorized Representative)

The person or organization named in the following schedule is an "insured" to the extent of their liability for the conduct of another "insured" as provided in **SECTION II - LIABILITY COVERAGE**, **A. Coverage**, **1. Who is an insured**, Paragraph **c**.

Schedule

Additional Insured

KILWINS CHOCOLATES FRANCHISE, INC. AND KILWIN'S QUALITY CONFECTIONS, INC.

Address:

1050 BAY VIEW RD PETOSKEY, MI 49770-9006

PRIMARY AND NONCONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Policy Number:				
03-30-2020	EBA 006 41 59				
Named Insured:					
BILCAT INC DBA KILWINS BLOWING ROCK					
Countersigned by:					

(Authorized Representative)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. Noncontributory Insurance

SECTION IV - BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance is replaced by the following:

c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Liability Coverage is primary and we will not seek contribution from any other insurance for any liability assumed under an "insured contract" that requires liability to be assumed on a primary noncontributory basis.

AUTOMATIC NON-CONTRIBUTORY COVERAGE ENDORSEMENT - WHERE REQUIRED BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART

SCHEDULE

LIMITS OF INSURANCE:	
\$ 5,000,000 Each Occurrence Limit \$ 5,000,000 Aggregate Limit	

COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM, US 101 and US 101 UM, is amended as follows:

- A. SECTION III LIMITS OF INSURANCE is amended to add the following:
 - 7. For the purposes of this endorsement only, the Limits of Insurance stated in the Schedule of this endorsement and described below will apply on a "noncontributory basis" within the parameters set forth in SECTION III LIMITS OF INSURANCE of the Coverage Part to which this endorsement is attached:

We will not pay more on behalf of a "noncontributory additional insured" than the lesser of:

- a. The Limits of Insurance stated in the Schedule of this endorsement: or
- b. The limits of insurance required in a written contract on a "noncontributory basis" for such "noncontributory additional insured", but only to the extent the required limits of insurance are in excess of the "underlying insurance"; or
- c. The Limits of Insurance available after the payment of "ultimate net loss" on any insured's behalf from any claim or "suit".

This provision is included within and does not act to increase the Limits of Insurance stated in the Declarations.

- B. SECTION IV CONDITIONS is amended as follows:
 - 1. Condition 9. Other Insurance is amended to add the following:

It is agreed that this condition does not apply to the "non-contributory additional insured's" own insurance program.

This exception to the Other Insurance Condition shall only apply if the applicable "underlying insurance" applies on a "non-contributory basis" for such "non-contributory additional insured" and only to the extent of the specific limits of insurance required in a written contract on a "non-contributory basis" that is in excess of the "underlying insurance".

- 2. The following condition is added:
 - 15. As a precedent to the receipt of insurance coverage hereunder, the "non-contributory additional insured" must give written notice of such claim or "suit", including a demand for defense and indemnity, to any other insurer who had coverage for the claim or "suit" under its policies. Such notice must demand the full coverage available and the "non-contributory additional insured" shall not waive or limit such other available coverage.

This condition does not apply to the "non-contributory additional insured's" own insurance program.

- C. SECTION IV DEFINITIONS is amended to add the following:
 - **30.** "Non-contributory additional insured" means any person or organization:
 - a. Qualifying as an additional insured under SECTION II - WHO IS AN IN-SURED, Paragraph 3. of the Coverage Part to which this endorsement is attached; and
 - b. Being granted additional insured status on a "non-contributory basis" in the "underlying insurance" as re-

- 'quired in a written contract between the additional insured and a Named insured provided:
- The written contract would qualify as an "insured contract" under the Coverage Part to which this endorsement is attached;
- (2) The written contract is executed before the "occurrence" resulting in "bodily injury", "personal and advertising injury" or "property damage" for which coverage is being sought under this endorsement; and

- (3) The written contract requifes a specific limit of insurance on a "non-contributory basis" that is in excess of "underlying insurance".
- 31. "Non-contributory basis" means that the limits of insurance of the Coverage Part to which this endorsement is attached apply to insured loss on behalf of the "non-contributory additional insured" prior to limits of insurance from other insurance in which the "non-contributory additional insured" is a named insured.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an 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

Blanket Waiver of Subrogation

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery.

This waiver of rights applies to any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver, but shall not be construed to be a waiver with respect to any other operations in which the Insured has no contractual interest.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2020 Policy No.EWC 029 95 86-05 Endorsement No.

insured BILCAT INC

Insurance Company THE CINCINNATI CASUALTY COMPANY Premium \$INCL

Countersigned by

WC 00 03 13

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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 CHOCOLATES FRANCHISE INC, KILWIN'S QUALITY CONFECTIONS 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.

WAIVER OF SUBROGATION - AUTO

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Policy Number:			
03-30-2019	EBA 006 41 59			
Named Insured:				
BILCAT INC DBA KILWINS BLOWING ROCK				
Countersigned by:				
(Authorited Democratation)				

(Authorized Representative)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Name of person(s) or organization(s):

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

Job location:

Job and/or Contract Number:

1. Waiver of Subrogation

SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. is amended by the addition of the following:

With regard to the person(s) or organization(s), job location, and job and / or contract number shown in the Schedule of this endorsement, we waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the "insured contract".

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE

SCHEDULE

Name of person or organization:

KILWIN'S CHOCOLATES FRANCHISE INC AND KILWIN'S QUALITY CONFECTIONS INC

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

SECTION IV - CONDITIONS, 13. Transfer of Rights of Recovery Against Others to Us 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.

CANCELLATION OR NONRENEWAL BY US NOTIFICATION TO A DESIGNATED ENTITY - NORTH CAROLINA

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PACKAGE POLICY CLAIMS-MADE EXCESS LIABILITY COVERAGE PART COMMERCIAL AUTO COVERAGE PART **COMMERCIAL GENERAL LIABILITY COVERAGE PART COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DENTIST'S PACKAGE POLICY ELECTRONIC DATA LIABILITY COVERAGE PART EXCESS LIABILITY COVERAGE PART** LIQUOR LIABILITY COVERAGE PART OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART POLLUTION LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS COVERAGE PART PRODUCT WITHDRAWAL COVERAGE PART PROFESSIONAL LIABILITY COVERAGE PART PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE RAILROAD PROTECTIVE LIABILITY COVERAGE PART **UNDERGROUND STORAGE TANK POLICY**

SCHEDULE

Name and mailing address of person(s) or organization(s):
KILWINS CHOCOLATES FRANCHISE, INC., AND KILWIN'S QUALITY CONFECTIONS, INC.
1050 BAY VIEW RD
PETOSKEY, MI 49770-9006

Number of days notice (other than nonpayment of premium): 30

- A. If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in the Schedule before the effective date of cancellation or nonrenewal.
- B. If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 15 days before the effective date of cancellation.
- C. If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
- D. In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

CANCELLATION AND NON-RENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in item 3.A. of the Information Page.

It is hereby understood and agreed that all cancellation provisions in the policy addressing the required number of days notice for cancellation by us or non-renewal by us are amended as follows:

a. 15 days notice will be given for notice of cancellation for non-payment of premium.
b. 30 days notice will be given for notice of cancellation for any other reason.
c. 45 days notice will be given for non-renewal.

Notwithstanding the provisions above, in no event will the number of days notice for cancellation or for non-renewal be fewer than the number of days required by North Carolina law.

In the event of cancellation or nonrenewal of the policy, we will mail notice to the named insured, and to the additional person(s) or organization(s) named in the Schedule below, as required by North Carolina law:

SCHEDULE

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

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01-01-2020 Policy No.EWC 029 95 86-05 Endorsement No.

Insured BILCAT INC

Insurance Company THE CINCINNATI CASUALTY COMPANY

Premium \$INCL

Countersigned by