

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/13/2023

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 Al	DITI	ONAL INSURED, the polic	• • •			•			
If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to						may require	an endorsement.	. A statement	on	
PRODUCER	CONTACT Karen Durham									
Grevstone Insurance					NAME: Priore PHONE (828) 264-2626 (A/C, No, Ext): (828) 264-8985					
a div of LifeStore Insurance					E-MAIL kdurbam@galifastora.com					
148 Hwy 105 Ext, Ste 204	ADDRESS: Notifiant egoinestore.com					NAIC #				
Boone NC 28607					INSURER A : Cincinnati Insurance Company					
INSURED					INSURER B : Certain Underwriters at Lloyds					
Willbran Too, Inc.					INSURER C :					
DBA Kilwins Gatlinburg					INSURER D :					
462 Trillium Ridge					INSURER E :					
Boone NC 28607-5000					INSURER F :					
COVERAGES CERTIFICATE NUMBER: CL237132512										
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
							EACH OCCURRENCE	`		
CLAIMS-MADE 🗙 OCCUR						07/01/2024	PREMISES (Ea occurrence) \$ 1,000,00		-	
							MED EXP (Any one person) \$ 10,000			
A	Y	Y	ECP0690058		07/01/2023		PERSONAL & ADV INJ	0.000.000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	1L ¥		
							PRODUCTS - COMP/C		0,000	
							EPLI \$ 1,000,000 COMBINED SINGLE LIMIT \$ 1,000,000		,	
							(Ea accident)	ψ 1,00	0,000	
A OWNED SCHEDULED	Y	Y	ECP0690058		07/01/2023	07/01/2024	BODILY INJURY (Per p			
	r	ľ	ECP0090050		07/01/2023	07/01/2024	BODILY INJURY (Per a PROPERTY DAMAGE			
							(Per accident)	\$		
								5.00	0,000	
	Y	Y	ECP0690058		07/01/2023	07/01/2024	EACH OCCURRENCE	 	0,000	
CLAIMS-MADE	-	.	20.000000		0.70 2020	0.70.7202.1	AGGREGATE	φ		
DED RETENTION \$							PER STATUTE	<u>ртн-</u>		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								ER C		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EM			
							E.L. DISEASE - POLIC Each Occurrence		000,000	
B Food Borne Illness			TNR2210318		07/01/2023	07/01/2024	General Aggregate	e \$1,0	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER				CANC	ELLATION					
Kilwin's Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. 1050 Bay View Rd. Petoskey MI 49779				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 Kann B. Kuran						
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AGENCY CUSTOMER ID: 00032917

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED
Greystone Insurance		Willbran Too, Inc.
		4
POLICY NUMBER		
	1	-
CARRIER	NAIC CODE	
		EFFECTIVE DATE:
ADDITIONAL REMARKS		

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ²⁵ FORM TITLE: ^{Certificate} of Liability Insurance: Notes

Primary and NonContributory applies to General Liability, Auto Liability and Umbrella.

30 Day Notice of Cancellation applies to Certificate Holder.