

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/21/2024

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.

| | SUBROGATION IS WAIVED, subject to is certificate does not confer rights to | | | | | | may require | an endorsement. A state | ement o | on | |
|---|--|--------|-------------|---------------------|---|--|----------------------------|--|---------|-------|--|
| | DUCER | | | | CONTACT Karan Durham | | | | | | |
| | ystone Insurance | | | | PHONE (828) 264-8804 FAX | | | | | | |
| | of LifeStore Insurance | | | | E-MAIL kdurham@galifaatara.gam | | | | | | |
| | 5 Blowing Rock Rd | | | | ADDRESS. | | | | | | |
| Воо | · · | | | NC 28607 | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A . Security National Insurance Co 19879 | | | | | 19879 | |
| INSU | | | | 110 20001 | INSURER A. | | | | | 10070 | |
| "" | Willbran Too, Inc. | | | | INSURER B: | | | | | | |
| | 462 Trillium Ridge | | | | INSURER C: | | | | | | |
| | 402 milliam Mage | | | | INSURER D: | | | | | | |
| Boone | | | | NC 28607 | INSURER E : INSURER F : | | | | | | |
| CO | /ERAGES CER | TIFICA | ATE N | NUMBER: CL243212650 | · | | | | | | |
| 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 | R TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | | | | | | | | 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: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | Lasa Lasa | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | | |
| Α | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | SWC1481374 | | 03/18/2024 | 03/18/2025 | E.L. EACH ACCIDENT | \$ 1,00 | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,00 | | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,00 | 0,000 | |
| | | | | | | | | | | | |
| DESC | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
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| CEF | RTIFICATE HOLDER | | CANC | ELLATION | | | | | | | |
| Kilwin's Chocolates Franchise Inc and Kilwin's | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | Quality Confections, Inc. | | | | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | |
| | 1050 Bay View Road | | | | 1107- | | | | | | |
| Petoskey MI 49779 | | | | | | Karm B. Ducken | | | | | |

| GENCY CUSTOMER ID: | 0003291 |
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ADDITIONAL REMARKS SCHEDULE

NAMED INSURED Greystone Insurance Willbran Too, Inc.

| POLICY NUMBER | | | | | | | | | | | |
|--|-----------|-----------------|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | |
| Waiver of Transfer of Rights and 30 Day Notice of Cancellation in favor of Kilwin's Chocolates Franchise, Inc. and Kilwin's Quality Confections. | | | | | | | | | | | |
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