ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2017

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).												
PROD	UCER				CONTACT NAME: TONY J MUNNO							
	NY J MUNNO (22510) B JOLIET RD			·	PHONE (A/C, No, Ext): 708-352-5734 FAX (A/C, No): 708-352-5733							
	JNTRYSIDE, IL 60525-0000				E-MAIL ADDRES			OUNTRYFINANCIAL.COM				
	,,,					-	URER(S) AFFOR	DING COVERAGE		NAIC #		
						INSURER A: COUNTRY Mutual Insurance Company 20990						
INSURED 3860463						INSURER B :						
	A CHOCOLATES FUDGE AND ICE C	REA	мсс	DRP	INSURE	R C :						
	SHARPER CAGO, IL 60615				INSURE	R D :						
Crit	X00, IE 00013				INSURE	R E :						
					INSURE	R F :						
COV	ERAGES CER	TIFIC	CATE	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	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
		~	~	AM9141158	1	1/30/2016	11/30/2017	EACH OCCURRENCE	\$ 1,000	0,000		
A	COMMERCIAL GENERAL LIABILITY	•	•					PREMISES (Ea occurrence)	\$ 50,00	00		
	CLAIMS-MADE 🖌 OCCUR							MED EXP (Any one person)	\$ 5,000	0		
	BUSINESSOWNERS							PERSONAL & ADV INJURY	\$ 1,000	0,000		
								GENERAL AGGREGATE	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000	0,000		
	✓ POLICY ✓ PRO- JECT LOC							COMBINED SINGLE LIMIT	\$			
_		~		AM9141158	1	1/30/2016	11/30/2017	(Ea accident)	\$			
A							· · · /	, ·				
	ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)				
_	HIRED AUTOS							(Per accident)	\$			
				Covered on Businessown	ers				\$			
A	UMBRELLA LIAB	~		AU9240724	4	/18/2017	4/18/2018	EACH OCCURRENCE	\$ 1,00	0,000		
$^{\sim}$	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,00	0,000		
	DED V RETENTION \$ 10,000								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		~	AW9240735	4	/18/2017	4/18/2018	✓ WC STATU- TORY LIMITS ER				
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000,000			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) REMARKS: KILWINS CHOCOLATES FRANCHISE INC. AND KILWIN'S QUALITY CONFECTIONS INC ARE LISTED AS ADDITIONAL INSURED ON A PRMARY 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 (CONTINUED)												
CFR	TIFICATE HOLDER				CANC	CANCELLATION						
KILWINS CHOCOLATES FRANCHISE INC KILWIN'S QUALITY CONFECTIONS INC.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 BAY VIEW RD PETOSKEY, MI 49770						© 1988-2010 ACORD CORPORATION. All rights reserved.						

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AGENCY CUSTOMER ID: ______



ACORD [®] ADDITIONA		ARKS SCHEDULE Page _ 1 _ of _ 1						
AGENCY		NAMED INSURED AH-HA CHOCOLATES FUDGE AND ICE CREAM CORP						
POLICY NUMBER AM9141158		5226 S HARPER CHICAGO, IL 60615						
COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 4/18/2017						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>CERTIFICATE</u>		Y INSURANCE						
(REMARKS CONTINUED) LIABILITY, UMBRELLA IN FAVOR OF KILWINS CHOCOLAT	TES FRANCH	ISE, INC AND KILWIN'S QUALITY CONFECTIONS INC.						
POLICY INFORMATION: HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARI	E \$100,000 E/	ACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT						
INSURING COMPANY WAIVES ITS RIGHTS OF SUBROGA BELOW WITH RESPECT TO ANY PAYMENTS MADE FOR	ATION (RIGHT LIABILITY CO NCE AFFORD	DER ARE WAIVED WITH REGARD TO WORKERS COMPENSATION. THE I'S TO RECOVER) AGAINST THE CERTIFICATE HOLDER NAMED OVERAGE(S) UNDER THE POLICY(IES) SHOWN IN THE GENERAL DED BY THIS POLICY FOR THE ADDITIONAL INSURED(S) IS I' OR AVAILABLE TO THE ADDITIONAL INSURED(S) IS						
ADDITIONAL INSURED(S): KILWINS CHOCOLATES FRANCHISE INC KILWIN''S QUAL 1050 BAY VIEW RD PETOSKEY, MI 49770	.ITY							
WORKERS COMPENSATION EXCLUSIONS: PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MI ENDORSEMENT.	EMBERS(S) IS	S/ARE EXCLUDED ON WORKERS COMPENSATION BY						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART COMMERCIAL AUTO COVERAGE PART COMMERCIAL GENERAL LIABILITY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART RAILROAD PROTECTIVE LIABILITY COVERAGE PART COMMERCIAL LIABILITY UMBRELLA COVERAGE PART WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

With respect to coverage provided by this endorsement, the provisions of the Coverage Part (Policy) apply unless modified by the endorsement.

Cancellation

The following is added under the Cancellation Condition applicable to the Coverage Parts (Policy) listed above:

If we cancel this policy for any reason other than non payment of premium, we will mail written notice of cancellation to the certificate holder(s) on file with the Company. Notice will be provided prior to the effective date of cancellation. We will give the number of days notice as provided for in the Cancellation Condition of this policy. The notice will state the effective date of cancellation. The policy period will end on that date.

If you cancel this policy, or if we cancel for non payment of premium, we will mail written notice of such cancellation to the certificate holder(s) on file with the Company. The notice will state the date the policy was cancelled.

The notice will be mailed by first-class mail to the last known mailing address of the certificate holder(s) on file with the Company.

Any notice of cancellation provided by this endorsement applies only to the certificate holder(s) with a certificate of insurance applicable to this policy's period. Our failure to send notice of cancellation to the certificate holder(s) will not amend, extend or alter the terms and conditions of this policy, including the cancellation of this policy.

If there is a conflict between any other policy cancellation provisions pertaining to the certificate holder(s) and this endorsement, the other policy provisions shall control.

Nothing contained here varies, alters, or extends any provisions of the policy except as provided in this endorsement.

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