

CERTIFICATE OF LIABILITY INSURANCE

KILWI-1 OP ID: C3

DATE (MM/DD/YYYY) 04/20/2018

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 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).

PRODUCER Williams Insurance Agy. Inc. 20220 Coastal Hwy P. O. Box 1174			CONTACT John W. Hocker, IV					
			PHONE (A/C, No, Ext): 302-227-2501	FAX (A/C, No): 302-2	27-3173			
			E-MAIL ADDRESS: jwhocker@williamsagency.com					
Rehoboth Beach, DE 19971 John W. Hocker, IV			INSURER(S) AFFORDING COVERAGE		NAIC #			
			INSURER A : Selective Insurance Company		12572			
INSURED	Kilwin's Rehoboth		INSURER B:					
	Henlopen Holdings 140 Rehoboth Ave		INSURER C:					
	Rehoboth Beach,		INSURER D :					
			INSURER E :					
			INSURER F:					
COVERAGES CERTIFICATE NUMBER:			REVISION NUI	MBER:				

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	NSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	(P) LIMITS	
A	Х	COMMERCIAL GENERAL LIABILITY				(EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR			S1954268	06/17/2017	06/17/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 10,000
	Х	H&NO Auto						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
Α		ANY AUTO			S1954268	06/17/2017	06/17/2018	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
Α		EXCESS LIAB CLAIMS-MADE			S1954268	06/17/2017	06/17/2018	AGGREGATE	\$ 2,000,000
		DED X RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
Α	Pro	perty Section			S1954268	06/17/2017	06/17/2018		459,574

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Kilwins Chocolates Franchise,Inc & Kilwins Quality Confections, Inc are listed as Additional Insured on Primary &Non Contributory basis with regards to General Liability, Auto Liability & Umbrella. Waiver of Subrogation with regards to General Liability, Auto Liability & Umbrella in favor of Kilwins Chocolates Franchise Inc & Kilwins Quality Confections, Inc.

CERTIFICATE HOLDER	CANCELLATION			
KILWI-1 Kilwin's Chocolates Franchise	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Inc Kilwins Quality Confections In 1050 Bay View Road Petoskey, MI 49770	Authorized Representative Christinic Wood			

NOTEPAD

INSURED'S NAME Kilwin'S Rehoboth Avenue

PAGE 2
Det ENDORSEMENT 1L7990 A 30 DAY NOTICE OF CANCELLATION IS PROVIDED.
KILWINS WILL BE NOTIFIED 30 DAYS IN ADVANCE OF A CANCELLATION EXCEPT IN
THE EVENT OF NON PAYMENT OF PREMIUM.