



POLICY INFORMATION PAGE ENDORSEMENT

Insured:	Willbran, Inc.	Policy No:	SWC1379563
Policy Period:	3/15/2022 to 3/15/2023	Endorsement No:	5
Carrier Name:	Security National Insurance Company	Endmt Effective:	3/15/2022

Authorized Rep: \_\_\_\_\_

The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                         |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                         |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input checked="" type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15)   |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)            |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)                 |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)     |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                           |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25)   |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)               |   |

is changed to read:

Waiver of subrogation is amended to read:  
 Kilwins Chocolate Franchise Inc, & Kilwins Quality Confections Imc, 1050 Bay View Road, Petoskey, MI 49770  
 amending form WC000313

POLICY INFORMATION PAGE ENDORSEMENT

Insured:	Willbran, Inc.	Policy No:	SWC1379563
Policy Period:	3/15/2022 to 3/15/2023	Endorsement No:	1
Carrier Name:	Security National Insurance Company	Endmt Effective:	3/15/2022

Authorized Rep: \_\_\_\_\_

The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                         |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                         |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input checked="" type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15)              |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)            |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)                 |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)     |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                           |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25)   |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)               |   |

is changed to read:

Adding 3rd party notice of cancellation in favor of:  
Kilwins Chocolates Franchise Inc. & Kilwins Quality Confections Inc.  
1050 Bay View Rd  
Petoskey, MI 497770