

## ERTIFICATE OF LIABILITY INSURANCE

KILWI-1

OP ID: JS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            | E                                                                                                                                                                                                                                                                    |       | FICATE OF LIA            |                                                                      |                                                                                                 | URAN                       |                                                                   | 01             | /05/2018                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------|----------------|---------------------------|--|
| 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.                                                                                                                        |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   |                |                           |  |
| l r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SU                                               | RTANT: If the certificate holder i<br>BROGATION IS WAIVED, subject<br>ertificate does not confer rights to | to th                                                                                                                                                                                                                                                                | ne te | rms and conditions of th | ne policy                                                            | y, certain po                                                                                   | olicies may i              | IAL INSURED provision<br>require an endorsement                   | sorbo<br>. Ast | e endorsed.<br>atement on |  |
| PRODUCER 231-271-3623 CONTACT Christopher E. Branson C.I.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nek A<br>Box                                     | Agency, Inc.                                                                                               |                                                                                                                                                                                                                                                                      |       |                          | PHONE<br>(A/C, No, Ext): 231-271-3623 FAX<br>(A/C, No): 231-271-6189 |                                                                                                 |                            |                                                                   |                |                           |  |
| Sut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tons                                             | Bay, MI 49682-0278                                                                                         |                                                                                                                                                                                                                                                                      |       |                          | E-MAIL<br>ADDRESS: chris@bonek.com                                   |                                                                                                 |                            |                                                                   |                |                           |  |
| Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ristoj                                           | pher E. Branson C.I.C.                                                                                     |                                                                                                                                                                                                                                                                      |       |                          | INSURER(S) AFFORDING COVERAGE                                        |                                                                                                 |                            |                                                                   |                | NAIC #<br>10857           |  |
| INS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | JRED                                             | Kilwin's of Traverse City                                                                                  |                                                                                                                                                                                                                                                                      |       |                          | INSURER B :                                                          |                                                                                                 |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | BRIMAR1, Inc.<br>129 E Front St.                                                                           |                                                                                                                                                                                                                                                                      |       |                          | INSURER C :                                                          |                                                                                                 |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Traverse City, MI 49684                                                                                    |                                                                                                                                                                                                                                                                      |       |                          | INSURER D :                                                          |                                                                                                 |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          | INSURER E :                                                          |                                                                                                 |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          | INSUREF                                                              | NSURER F :                                                                                      |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       | ENUMBER:                 |                                                                      |                                                                                                 |                            | REVISION NUMBER:                                                  |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | ATED. NOTWITHSTANDING ANY RE                                                                               | OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED<br>QUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMEN<br>PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN<br>POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |       |                          |                                                                      |                                                                                                 |                            | DOCUMENT WITH RESPEC                                              | ст то          | WHICH THIS                |  |
| INSF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                | TYPE OF INSURANCE                                                                                          | ADDL                                                                                                                                                                                                                                                                 | SUBF  |                          |                                                                      | POLICY EFF<br>(MM/DD/YYYY)                                                                      | POLICY EXP<br>(MM/DD/YYYY) | LIMIT                                                             | S              |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | x                                                | COMMERCIAL GENERAL LIABILITY                                                                               | INSU                                                                                                                                                                                                                                                                 | WVD   |                          |                                                                      |                                                                                                 |                            | EACH OCCURRENCE                                                   | \$             | 1,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                | CLAIMS-MADE X OCCUR                                                                                        | Y                                                                                                                                                                                                                                                                    | Y     | BOJ 8986544              |                                                                      | 03/22/2017                                                                                      | 03/22/2018                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                      | \$             | 500,000                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      | · ·   |                          |                                                                      |                                                                                                 |                            | MED EXP (Any one person)                                          | \$             | 5,000                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | PERSONAL & ADV INJURY                                             | \$             | 1,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GEN'L AGGREGATE LIMIT APPLIES PER:               |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | GENERAL AGGREGATE                                                 | \$             | 2,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | POLICY PRO-<br>JECT LOC                                                                                    |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | PRODUCTS - COMP/OP AGG                                            | \$<br>\$       | 2,000,000                 |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AU                                               | TOMOBILE LIABILITY                                                                                         |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                            | \$             | 1,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | ANY AUTO                                                                                                   | Y                                                                                                                                                                                                                                                                    | Y     | BOJ 8986544              |                                                                      | 03/22/2017                                                                                      | 03/22/2018                 | BODILY INJURY (Per person)                                        | \$             |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | x                                                | OWNED<br>AUTOS ONLY<br>HIRED<br>AUTOS ONLY<br>X NON-OWNED<br>AUTOS ONLY                                    |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | BODILY INJURY (Per accident)<br>PROPERTY DAMAGE<br>(Per accident) | \$<br>\$       |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   | \$             | 4 000 000                 |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                                | UMBRELLA LIAB X OCCUR                                                                                      |                                                                                                                                                                                                                                                                      |       | 0.4 1 0000 5 4 4         |                                                                      | 40/00/0040                                                                                      | 40/00/0040                 | EACH OCCURRENCE                                                   | \$             | 1,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | EXCESS LIAB CLAIMS-MADE                                                                                    | 4 1                                                                                                                                                                                                                                                                  |       | CXJ 8986544              |                                                                      | 12/28/2018                                                                                      | 12/28/2019                 | AGGREGATE                                                         | \$             |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | DED X RETENTION \$ 10,000                                                                                  |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | V PER OTH-                                                        | \$             |                           |  |
| ^                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY |                                                                                                            |                                                                                                                                                                                                                                                                      | Y     | WCJ 8986544              |                                                                      | 03/22/2017                                                                                      | 03/22/2018                 | ▲ STATUTE ER                                                      |                | 1,000,000                 |  |
| ANY PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | PROPRIETOR/PARTNER/EXECUTIVE                                                                               | N/A                                                                                                                                                                                                                                                                  |       | 1000 0300044             |                                                                      | 00/22/2017                                                                                      |                            | E.L. EACH ACCIDENT                                                | \$             | 1,000,000                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If ves, describe under                           |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | E.L. DISEASE - EA EMPLOYEE                                        |                | 1,000,000                 |  |
| ⊢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DÉS                                              | CRIPTION OF OPERATIONS below                                                                               |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            | E.L. DISEASE - POLICY LIMIT                                       | \$             | .,,                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   |                |                           |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)<br>Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.<br>are additional insured on a primary and non-contributory basis per written<br>contract as their interests may appear. A Waiver of Subrogation with regard<br>to General Liability and Worker Compensation applies in favor of Kilwin's<br>Chocolates Franchise Inc. and Kilwin's Quality Confections Inc. |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   |                |                           |  |
| CERTIFICATE HOLDER CANCELLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      |                                                                                                 |                            |                                                                   | 2              |                           |  |
| KILWI-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE                                  |                            |                                                                   |                |                           |  |
| Kilwins Chocolates Franchise<br>Inc & Kilwins Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                                                                   |                |                           |  |
| Confections Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                            |                                                                                                                                                                                                                                                                      |       |                          |                                                                      | AUTHORIZED REPRESENTATIVE                                                                       |                            |                                                                   |                |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | 1050 Bay View Road<br>Petoskey, MI 49770                                                                   |                                                                                                                                                                                                                                                                      |       |                          | CE BOWSIMM                                                           |                                                                                                 |                            |                                                                   |                |                           |  |

ACORD 25 (2016/03)

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| OTEPAD    |       | HOLDER CODE | KILWI  |                    |                       | KILWI-1<br>OP ID: JS |      | PAGE 2     |
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