ACORD. CERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 06/30/2017	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITUT	EXTEND OR ALT	FER THE CO	OVERAGE AFFORDE	BY TH	IE POLICIES	
IMPORTANT: If the certificate hold If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ct to	the terms and conditions of t certificate holder in lieu of suc	the policy, certain ch endorsement(s)	policies may				
PRODUCER			CONTACT NAME:					
Carr Insurance Agency, Inc. 255 N Main St. Centerville, OH 45459 INSURED Mahlerwein Enterprise LLC dba Kilwins 4391 Holly Ln Beavercreek, OH 45440			PHONE (AC, No, Ext): (937) 435-9000 FAX (A/C, No): (937) 435-5939 EMDRESS: insurance@carragency.com					
			INSURER(S) AFFORDING COVERAGE				NAIC #	
			INSURER A : Erie Insurance Exchange				26271	
			INSURER C :					
			INSURER E :					
			INSURER F :					
COVERAGES CEI	TIFIC	ATE NUMBER:			<b>REVISION NUMBER:</b>			
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI	REMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORD	OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RES	PECT TC	WHICH THIS	
INSR TYPE OF INSURANCE	ADDL			POLICY EXP (MM/DD/YYYY)	1	NITS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			05/01/2017		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	X	Q37-0372040	05/01/2017	05/01/2018	PREMISES (Ea occurrence) MED EXP (Any one person)	\$\$	5,000	
					PERSONAL & ADV INJURY		1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AG	G S	2,000,000	
					COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO					BODILY INJURY (Per person			
OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	nt) \$\$		
A X UMBRELLA LIAB OCCUR						\$	3.000.000	
A X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADI	x	Q29-0172072	05/01/2017	05/01/2018	EACH OCCURRENCE	\$	0,000,000	
DED RETENTION \$					AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH STATUTE ER			
	N/A				E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOY	EE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIM	т \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Kilwins Chocolates Franchise, Inc. and Kil basis with regards to General Liability and Franchise, Inc. and Kilwin's Quality Confec Cancellation Notice 30 days per GU-128	vin's C Umbre	Quality Confections, Inc. are list ella. Wavier of Subrogation with	ed as Additional Ins	sured where i	indicated on Primary ar			
CERTIFICATE HOLDER			CANCELLATION					
Kilwins Chocolate Franchise Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, Mi 49770			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHORIZED REPRESENTATIVE Kuluy Yarkus					
ACORD 25 (2016/03)			 © 19	88-2015 AC	ORD CORPORATION	. All rio	hts reserved.	

KILWCHO-01

KYOUKER

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## **CANCELLATION NOTICE TO DESIGNATED ENTITY**

If we cancel this policy before the expiration date, other than at the request of the Named Insured or for nonpayment of premium, we will mail advance notice to the persons or organizations who are designated on the Declarations as subject to this endorsement. We will mail such notice at least 30 days before the effective date of cancellation.

If we cancel due to nonpayment of premium, we will mail notice to the persons or organizations designated in the Declarations as subject to this endorsement within 45 days after the effective date of cancellation.

If the Named Insured requests cancellation before the policy expiration date, we will mail notice to the persons or organizations designated in the Declarations as subject to this endorsement within 30 days after the Named Insured's request to cancel.

Proof of mailing constitutes proof of notice.

In no event will coverage extend beyond the actual expiration, termination, or cancellation of the policy.

				KYOUKER	
ACORD <sup>®</sup> EVIDENCE OF PRO	OPERTY INS	URANCE		DATE (MM/DD/YYYY) 06/30/2017	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAX ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NO COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	OT AFFIRMATIVELY ( CE OF INSURANCE D	OR NEGATIVELY A	MEND, EXTEND	O OR ALTER THE	
AGENCY PHONE (A/C, No, Ext): (937) 435-9000	COMPANY				
Carr Insurance Agency, Inc. 255 N Main St. Centerville, OH 45459	Erie Insurance Exchange 100 Erie Insurance Place Erie, PA 16530				
FAX (A/C, No): (937) 435-5939 E-MAIL ADDRESS: insurance@carragency.com					
CODE: GG4017 SUB CODE:	_				
AGENCY CUSTOMER ID #: KILWCHO-01 INSURED Mahlerwein Enterprise LLC dba Kilwins 4391 Holly Ln	LOAN NUMBER		POLICY NUMBER Q97-0972846		
Beavercreek, OH 45440	EFFECTIVE DATE EXPIRATIO		DATE		
	05/01/2016	05/01/2017	2017 X CONTINUED UNTIL TERMINATED IF CHECKED		
	THIS REPLACES PRIOR E	VIDENCE DATED:			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED   NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A   EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERT   SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH   COVERAGE INFORMATION PERILS INSURED   BASIC   COVERAGE (per person) Limit   Loc # 1, Bidg # 1   Building   Personal Property	NY CONTRACT OR ( AIN, THE INSURANCE	OTHER DOCUMENT AFFORDED BY THE DWN MAY HAVE BEE	WITH RESPECT POLICIES DESC	T TO WHICH THIS RIBED HEREIN IS PAID CLAIMS. E DEDUCTIBLE 000 500 500	
REMARKS (Including Special Conditions)					
Special Conditions: Income Protection & Extra Expense-ALS 12 Months 30 Day Notice of Cancellation GU128 Wind/Hall Coverage Replacement Cost Spoilage Coverage up to \$25,000					
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CELLED BEFORE TH	E EXPIRATION DA	TE THEREOF,	NOTICE WILL BE	
ADDITIONAL INTEREST	· · · · · · · · · · · · · · · · · · ·		······································		
NAME AND ADDRESS	ADDITIONAL INSURED	D LENDER'S LOSS P	AYABLE	LOSS PAYEE	
	LOAN #				
Kilwins Chocolates Franchise Inc.					
Kilwin's Quality Confections Inc. 1050 Bay View Road Kully Youker					
Petoskey, MI 49770 ACORD 27 (2016/03)		3-2015 ACORD CO	RPORATION, A	ll rights reserved	

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