

KILWCHO-01

CERTIFICATE OF LIABILITY INSURANCE

KYOUKER DATE (MM/DD/YYYY)

5/7/2020

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

| th | is certificate does not confer rights to | o the | cert | ificate holder in lieu of su | ıch end | lorsement(s) | | • | | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|-----------------|-----------|------------|
| | DUCER | | | | CONTA NAME: | СТ | | | | | |
| Carr Insurance Agency, Inc. 255 N Main St. Centerville, OH 45459 | | | | | | PHONE (A/C, No, Ext): (937) 435-9000 FAX (A/C, No): (937) 435-5939 E-MDRESS: insurance@carragency.com | | | | | |
| | | | | | | | | | | | |
| | | | | | | INSURER A : Erie Insurance Exchange | | | | | 26271 |
| | | | | | | INSURED | | | | | |
| Mahlerwein Enterprise LLC dba Kilwins 4391 Holly Ln | | | | | INSURER C: | | | | | | |
| | | | | | INSURER D: | | | | | | |
| | Beavercreek, OH 45440 | | INSURE | RE: | | | | | | | |
| | | | | | INSURER F: | | | | | | |
| CO | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUI | MBER: | | - |
| IN Ce | HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | EQUI PER | REMI TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORM | N OF A | NY CONTRAC | CT OR OTHER | R DOCUMENT WI BED HEREIN IS S | TH RESPE | CT TC | WHICH THIS |
| INSR LTR | NSR TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF (MM/DD/YYYY) | | | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | IIIOD | | Q97-0972846 | | 5/1/2020 | 5/1/2021 | EACH OCCURRENCE \$ | | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | Х | | | | | | DAMAGE TO RENT PREMISES (Ea occ | ED currence) | \$ | 1,000,000 |
| | | | | | | | | MED EXP (Any one | person) | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV | INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | GATE | \$ | 2,000,000 |
| | X POLICY PROJECT LOC OTHER: | | | | | | | PRODUCTS - COM | P/OP AGG | \$ \$ | 2,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGL (Ea accident) | E LIMIT | \$ | 1,000,000 |
| | ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS | | x | Q97-0972846 | | 5/1/2020 | 5/1/2021 | BODILY INJURY (P | er person) | \$ | |
| | | | | | | | | BODILY INJURY (P | er accident) | \$ | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMA (Per accident) | GE | \$ | |
| | 7,0,00 0,12. | | | | | | | | | \$ | |
| Α | X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | х | х | Q29-0172072 | | 5/1/2020 | 5/1/2021 | EACH OCCURREN | CE | \$ | 3,000,000 |
| | | | | | | | | AGGREGATE | | \$ | 3,000,000 |
| | DED RETENTION \$ | | | | | | | | | \$ | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | | | 5/1/2020 | 5/1/2021 | PER STATUTE | OTH- ER | | |
| | | | | Q97-0972846 | | | | E.L. EACH ACCIDE | | \$ | 1,000,000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - PO | LICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| basis in fa | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ins Chocolates Franchise, Inc. and Kilw s with regards to General Liability and I vor of Kilwins Chocolates Franchise, In ay notice of cancellation per the GU128 | Jmbr c. an | ella. | Wavier of Subrogation wit | th regar | | | | | | |
| CERTIFICATE HOLDER Kilwins Chocolate Franchise Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770 | | | | | | CANCELLATION | | | | | |
| | | | | | | 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 | | | | | |