



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2017

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).

<b>PRODUCER</b>  TEDDY BYRD AGENCY PO BOX 1031 COATS NC 27521-1031		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
<b>INSURED</b>  MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/ NAIC # 23779 INSURER B : Employers Assurance Co 36870 INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-owned Auto 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	ACP BPFF 2274218106	12/05/2017	12/05/2018	EACH OCCURRENCE \$ 2,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000							
	MED EXP (Any one person) \$ 5,000							
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X					COMBINED SINGLE LIMIT (Ea accident) \$	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	ACP CAF 2264218108	12/05/2017	12/05/2018	EACH OCCURRENCE \$ 1,000,000	
	AGGREGATE \$ 1,000,000							
	\$							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	X	WCV 901065808	12/05/2017	12/05/2018	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. Umbrella coverage is follow form. 30 day notice of cancellation to Franchiser applies on all coverage. This certificate applies to 2004 Boulderstone Way, Cary NC #64, and 3308 Village Market Pl, Morrisville NC #153, and 200 Park at North Hills, Suite 110, Raleigh NC 27609

**CERTIFICATE HOLDER****CANCELLATION**

KILWINS CHOCOLATES FRANCHISE, INC KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY MI 49770-9006	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 Teddy Byrd





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/15/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Teddy J Byrd Agency 97 E MAIN ST PO BOX 1031 COATS NC 27521-1031		PHONE (A/C, No, Ext):	COMPANY NATIONWIDE MUTUAL FIRE INSURANCE COMPANY	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 86280		LOAN NUMBER		POLICY NUMBER ACP - BPFF - 22 - 8 - 4218106
INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519		EFFECTIVE DATE 12/05/2017	EXPIRATION DATE 12/05/2018	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED: 07/26/2017		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
001 - 001 - 2004 BOULDERSTONE WAY , CARY , NC , 27519 - 8408  
- HIGH END FUDGE AND ICE CREAM STORE

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Extra Expense / Special Form / PB0002	12 Months ALS	
Business Income / Special Form / PB0002	12 Months ALS	
Building / 100 % / Replacement Cost / Special Form / PB0002	\$ 185,000	\$ 1,000
Personal Property / 100 % / Replacement Cost / Special Form / PB0002	\$ 205,000	\$ 1,000

## REMARKS (Including Special Conditions)

30 day notice of cancellation applies  
Spoilage due to breakdown/contamination and power outage AOI=\$10,000

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS KILWINS CHOCOATE FRANCHISE, INC & KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY MI 49770	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
LOAN #			
AUTHORIZED REPRESENTATIVE  Teddy Byrd			





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AGENCY Teddy J Byrd Agency 97 E MAIN ST PO BOX 1031 COATS NC 27521-1031		PHONE (A/C, No, Ext):	COMPANY NATIONWIDE MUTUAL FIRE INSURANCE COMPANY	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 86280				
INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519		LOAN NUMBER	POLICY NUMBER ACP - BPFF - 22 - 8 - 4218106	
		EFFECTIVE DATE 12/05/2017	EXPIRATION DATE 12/05/2018	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED: 07/26/2017		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
002 - 001 - 3308 VILLAGE MARKET PL , MORRISVILLE , NC , 27560 - 7549  
- ICE CREAM SHOP

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 EVIDENCE OF PROPERTY INSURANCE 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.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Extra Expense / Special Form / PB0002	12 Months ALS	
Business Income / Special Form / PB0002	12 Months ALS	
Building / Replacement Cost / Special Form / PB0002	\$ 185,000	\$ 1,000
Personal Property / Replacement Cost / Special Form / PB0002	\$ 211,000	\$ 1,000

### REMARKS (Including Special Conditions)

30 day notice of cancellation applies  
Spoilage due to breakdown/contamination and power outage AOI=\$10,000

### 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.

### ADDITIONAL INTEREST

NAME AND ADDRESS KILWINS CHOCOATE FRANCHISE, INC & KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY MI 49770	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE  Teddy Byrd		





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AGENCY TEDDY BYRD AGENCY 97 E MAIN ST PO BOX 1031 COATS NC 27521		PHONE (A/C, No, Ext):	COMPANY NATIONWIDE MUTUAL INSURANCE COMPANY	
FAX (A/C, No):		E-MAIL ADDRESS:		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #: 86280				
INSURED MAGS DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY NC 27519		LOAN NUMBER	POLICY NUMBER ACP - BPFF - 22 - 8 - 4218106	
		EFFECTIVE DATE 12/05/2017	EXPIRATION DATE 12/05/2018	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED: 09/18/2017		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
003 - 001 - 200 Park at North Hills, Suite 110 , Raleigh , NC , 27609  
- HIGH END FUDGE AND ICE CREAM STORE

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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Extra Expense / Special Form / PB0002	12 Months ALS	\$ 0
Business Income / Special Form / PB0002	12 Months ALS	
Building / 100 % / Special Form	\$ 185,000	\$ 1,000
Personal Property / 100 %	\$ 205,000	\$ 1,000

## REMARKS (Including Special Conditions)

Spoilage due to breakdown/contamination and power outage AOI = \$10,000

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS KILWINS CHOCOATE FRANCHISE, INC & KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY MI 49770	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
	LOAN #		
	AUTHORIZED REPRESENTATIVE Teddy Byrd		