

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

INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD	NC 27521-1031 NC 27519 BER: LISTED BELOW HAV RM OR CONDITION OF SURANCE AFFORDS	INSURER A: NATION INSURER B: Employing Insurer C: INSURER D: INSURER E: INSURER F: VE BEEN ISSUED TOF ANY CONTRACED BY THE POLICIBEEN REDUCED BY	ONWIDE MUTU byers Assurance TO THE INSURE T OR OTHER I ES DESCRIBEI Y PAID CLAIMS.	REVISION NUMBER:	HE POLIC	VILICH THIS
PO BOX 1031 COATS INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY COVERAGES CERTIFICATE NUME THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SINSING TABLES INDICATED.	NC 27521-1031 NC 27519 BER: LISTED BELOW HAV RM OR CONDITION OF COND	PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER A: NATIO INSURER B: Emplo INSURER C: INSURER C: INSURER E: INSURER F: VE BEEN ISSUED T OF ANY CONTRAC ED BY THE POLICI BEEN REDUCED BY	ONWIDE MUTU byers Assurance TO THE INSURE T OR OTHER I ES DESCRIBEI Y PAID CLAIMS.	REVISION NUMBER:	HE POLIC	23779 36870 CY PERIOD
PO BOX 1031 COATS INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY COVERAGES CERTIFICATE NUME THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SINSR	NC 27521-1031 NC 27519 BER: LISTED BELOW HAV RM OR CONDITION O SURANCE AFFORDE SHOWN MAY HAVE E	E-MAIL ADDRESS: INSURER A: NATIO INSURER B: Emplo INSURER C: INSURER C: INSURER F: VE BEEN ISSUED T OF ANY CONTRAC ED BY THE POLICI BEEN REDUCED BY	ONWIDE MUTU byers Assurance TO THE INSURE T OR OTHER I ES DESCRIBEI Y PAID CLAIMS.	RDING COVERAGE JAL FIRE INSURANCE CO e Co REVISION NUMBER:	HE POLIC	23779 36870 CY PERIOD
COATS INSURED MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY COVERAGES CERTIFICATE NUME THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE L EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SINSR	NC 27521-1031 NC 27519 BER: LISTED BELOW HAV RM OR CONDITION O SURANCE AFFORDE SHOWN MAY HAVE E	INSURER A: NATION INSURER B: Employed insurer C: INSURER C: INSURER C: INSURER F: VE BEEN ISSUED TOF ANY CONTRACED BY THE POLICIBEEN REDUCED BY	ONWIDE MUTU byers Assurance TO THE INSURE T OR OTHER I ES DESCRIBEI Y PAID CLAIMS.	JAL FIRE INSURANCE C e Co REVISION NUMBER: ED NAMED ABOVE FOR THE	HE POLIC	23779 36870 CY PERIOD
MAG'S DULCE LLC DBA KILWIN'S 1400 JENKS CARPENTER RD CARY COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S INSR	NC 27519 BER: LISTED BELOW HAV RM OR CONDITION OF SURANCE AFFORDE SHOWN MAY HAVE E	INSURER A: NATION INSURER B: Employing Insurer C: INSURER D: INSURER E: INSURER F: VE BEEN ISSUED TOF ANY CONTRACED BY THE POLICIBEEN REDUCED BY	ONWIDE MUTU byers Assurance TO THE INSURE T OR OTHER I ES DESCRIBEI Y PAID CLAIMS.	JAL FIRE INSURANCE C e Co REVISION NUMBER: ED NAMED ABOVE FOR THE	HE POLIC	23779 36870 CY PERIOD
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DBA KILWIN'S 1400 JENKS CARPENTER RD CARY COVERAGES CERTIFICATE NUMB THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S INSR TYPE OF INSURANCE [ADDLISUBRI	NC 27519 BER: LISTED BELOW HAV RM OR CONDITION O SURANCE AFFORDE SHOWN MAY HAVE E	INSURER D: INSURER E: INSURER F: VE BEEN ISSUED TOF ANY CONTRACED BY THE POLICIBEEN REDUCED BY	O THE INSURE T OR OTHER I ES DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR TH	CT TO M	VILICH THIS
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COVERAGES CERTIFICATE NUMB THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S INSR	BER: LISTED BELOW HAV RM OR CONDITION O SURANCE AFFORDE SHOWN MAY HAVE E	VE BEEN ISSUED T OF ANY CONTRAC ED BY THE POLICI BEEN REDUCED BY	O THE INSURE T OR OTHER I ES DESCRIBEI PAID CLAIMS.	D NAMED ABOVE FOR TH	CT TO M	VILICH THIS
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LTR TYPE OF INSURANCE INSD. WAYD	POLICY NUMBER	(MM/DD/YYYY	DOLLOW EVE			TE TERMS,
		V-1141/DD/11111	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
CLAIMS-MADE X OCCUR				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,00 \$ 300.	
				MED EXP (Any one person)	\$ 5,00	
A X Non-owned Auto 2,000,000 X X ACP B	BPFF 2274218106	12/05/2017	12/05/2018	PERSONAL & ADV INJURY	\$ 2,00	and the second second
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 4,00	
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG		0,000
OTHER:				Hired Auto		0.000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	2,000
ANY AUTO			,	BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS X				BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
				(i ei accident)	\$	
UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$ 1,00	0.000
A EXCESS LIAB CLAIMS-MADE X X ACP C	CAF 2264218108	12/05/2017	12/05/2018	AGGREGATE	\$ 1,000	
DED RETENTION\$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER X OTH-		
_ ANYPROPRIETOR/PARTNER/EXECUTIVE	901065808	40/05/0047	10510047 4010510040	E.L. EACH ACCIDENT	\$ 1,000	0.000
(Mandatory in NH) If yes, describe under	901005000	12/05/2017	12/05/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000
DESCRIPTION OF ODERATIONS (1 OCCUPANT)						
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 PI, Morrisville NC #153, and 200 Park at North Hills, Suite 110, Raleigh NC 27609						
CERTIFICATE HOLDER		04110=/:::==				
CENTIFICATE HOLDER		CANCELLATION				
KILWINS CHOCOLATES FRANCHISE, INC KILWINS QUALITY CONFECTIONS, INC 1050 BAY VIEW ROAD PETOSKY	 	SHOULD ANY OF THE EXPIRATIO ACCORDANCE W AUTHORIZED REPROSI TED BY THE SHOULD BY THE S	IN DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	ANCELLE	D BEFORE VERED IN



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/15/2017

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AGENCY	PHONE (A/C, No, Ext):	COMPANY				
Teddy J Byrd Agency						
97 E MAIN ST		NATIONWIDE MUTUA	AL FIRE INSURANC	CE COMPANY		
PO BOX 1031						
COATS	NC 27521-1031					
FAX (A/C, No):	E-MAIL ADDRESS:					
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: 86280	<u> </u>					
INSURED	74, 11, 12	LOAN NUMBER POLICY NUMBER				
MAG'S DULCE LLC		ACP - BPFF - 22			8 - 4218106	
DBA KILWIN'S		EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	ED LINTII	
1400 JENKS CARPENTER	RRD	12/05/2017	12/05/2018		RMINATED IF CHECKED	
CARY	NC 27519	THIS REPLACES PRIOR EVID				
	110 27010		07/26/2	2017		
PROPERTY INFORM	MATION					
- HIGH END FODGE	AND ICE CREAM STORE					
NOTWITHSTANDING EVIDENCE OF PRO SUBJECT TO ALL TH	INSURANCE LISTED BELOW HAVE BEEN ISS 3 ANY REQUIREMENT, TERM OR CONDITION PERTY INSURANCE MAY BE ISSUED OR MAY HE TERMS, EXCLUSIONS AND CONDITIONS OF	I OF ANY CONTRACT OR OT PERTAIN, THE INSURANCE A	HER DOCUMENT FORDED BY THE	WITH RESPECT TO POLICIES DESCR	O WHICH THI	
COVERAGE INFOR	MATION					
	COVERAGE / PERILS / FORMS		AMO	DUNT OF INSURANCE	DEDUCTIBLE	
Extra Expense / Special	Form / PB0002			12 Months ALS		
Business Income / Spec		12 Months ALS				
	acement Cost / Special Form / PB0002			\$ 185,000	\$ 1,000	
Personal Property / 100	% / Replacement Cost / Special Form / PB0002			\$ 205,000	\$ 1,000	
30 day notice of cance						
Spoilage due to break	down/contamination and power outage AOI=\$10,0	000				
CANCELLATION						
SHOULD ANY OF IN ACCORDANCE	THE ABOVE DESCRIBED POLICIES BE CANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE EXPIRAT	ON DATE THEREO	OF, NOTICE WILL I	BE DELIVERED	
ADDITIONAL INTER						
NAME AND ADDRESS		MORTOAGES	X ADDITIONAL INSUE			
		MORTGAGEE	ADDITIONAL INSUF	KED		
KILWINS CHOCOATE FRA	NCHISE, INC &	LOSS PAYEE				
KILWINS QUALITY CONFE	ECTIONS, INC					
050 BAY VIEW ROAD		AUTHORIZED REPRESENTAT	VE/	•		
PETOSKY	MI 49770		1/1/	,		



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	JRER(S), AUTHORIZED REPRESENTATIVE OR PRODU		INTEREST.			
AGENCY	PHONE (A/C, No, Ext):	COMPANY				
Teddy J Byrd Agency		NATIONWIDE MUTUA	I EIDE INICI IDANO	E COMPANY		
97 E MAIN ST		NATIONVIDE MOTOA	IL FIRE INSURANC	E COMPANY		
PO BOX 1031	NO. 07704 4004					
COATS	NC 27521-1031					
FAX (A/C, No):	E-MAIL ADDRESS:					
CODE:	SUB CODE:					
AGENCY CUSTOMER ID #: 86	280					
INSURED		LOAN NUMBER		POLICY NUMBER		
MAG'S DULCE LLC				ACP - BPFF - 22 - 8 - 4		
DBA KILWIN'S		EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	ED UNTIL	
1400 JENKS CARPE	ENTER RD	12/05/2017	12/05/2018	X TERMINAT	TED IF CHECKED	
CARY	NC 27519	THIS REPLACES PRIOR EVID	ENCE DATED:			
			07/26/2	017		
PROPERTY INF						
- ICE CREAM SI	VILLAGE MARKET PL,MORRISVILLE,NC,27560-75 HOP	145				
NOTWITHSTAN EVIDENCE OF	OF INSURANCE LISTED BELOW HAVE BEEN ISSUIDING ANY REQUIREMENT, TERM OR CONDITION OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PILL THE TERMS, EXCLUSIONS AND CONDITIONS OF SU	OF ANY CONTRACT OR OTI ERTAIN, THE INSURANCE AF	HER DOCUMENT 'FORDED BY THE	WITH RESPECT TO POLICIES DESCR	TO WHICH THIS	
COVERAGE IN	FORMATION					
	COVERAGE / PERILS / FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE	
Extra Expense / S	pecial Form / PB0002			12 Months ALS		
	Special Form / PB0002			12 Months ALS		
	ment Cost / Special Form / PB0002			\$ 185,000	\$ 1,000	
	/ Replacement Cost / Special Form / PB0002			\$ 211,000	\$ 1,000	
REMARKS (Inc	luding Special Conditions)					
	cancellation applies preakdown/contamination and power outage AOI=\$10,000					
CANCELLATIO	N					
SHOULD ANY IN ACCORDA	OF THE ABOVE DESCRIBED POLICIES BE CANCELINCE WITH THE POLICY PROVISIONS.	LED BEFORE THE EXPIRATION	ON DATE THEREC	F, NOTICE WILL I	BE DELIVERED	
ADDITIONAL IN	ITEREST					
NAME AND ADDRESS		MORTGAGEE	X ADDITIONAL INSUR	·FD		
IZII MANNO OLI E E E		LOSS PAYEE	ADDITIONAL INSUR	LU		
	E FRANCHISE, INC &	LOAN#				
KILWINS QUALITY C	ONFECTIONS, INC	Λ				
1050 BAY VIEW ROA	AD	AUTHORIZED REPRESENTATI	VE ?			
PETOSKY	MI 49770	Teddy Byrd	M			



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AGENCY	JRER(S), AUTHORIZED REPRESENTATIVE OR PRO PHONE (A/C, No, Ext):	COMPANY			
TEDDY BYRD AGENCY					
97 E MAIN ST	NOT	NATIONWIDE MUTUA	L INSUANCE COM	PANY	
PO BOX 1031					
COATS	NC 27521				
FAX	E-MAIL ADDRESS:				
(A/C, No):					
CODE: AGENCY CUSTOMER ID #: 86	SUB CODE:				
INSURED	5280	LOAN NUMBER		DOLICY NUMBER	
MAGS DULCE LLC		LOAN NUMBER POLICY NUMBER ACP - BPFF - 22 - 8 - 4218			
		EFFECTIVE DATE EXPIRATION DATE			
DBA KILWIN'S	ENTER PR			CONTINUE X TERMINAT	ED UNTIL FED IF CHECKED
1400 JENKS CARP		12/05/2017 THIS REPLACES PRIOR EVID	12/05/2018 ENCE DATED:	7	
CARY	NC 27519			14.7	
PROPERTY IN	FORMATION		09/18/20	017	
LOCATION/DESCRIP					
NOTWITHSTAN EVIDENCE OF	OF INSURANCE LISTED BELOW HAVE BEEN IS NDING ANY REQUIREMENT, TERM OR CONDITION PROPERTY INSURANCE MAY BE ISSUED OR MAY ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF	N OF ANY CONTRACT OR OTH PERTAIN, THE INSURANCE AF	HER DOCUMENT VERIFIED BY THE F	VITH RESPECT TO POLICIES DESCR	TO WHICH THIS
COVERAGE IN	FORMATION				
	COVERAGE / PERILS / FORMS	1	AMO	UNT OF INSURANCE	DEDUCTIBLE
Extra Expense / S	pecial 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
Spoilage due to	<pre>cluding Special Conditions) preakdown/contamination and power outage AOI = \$10</pre>	1000			
		,,000			
CANCELLATIO	DN				
SHOULD ANY IN ACCORDA	OF THE ABOVE DESCRIBED POLICIES BE CANC NCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE EXPIRATI	ON DATE THEREO	F, NOTICE WILL I	BE DELIVERED
ADDITIONAL II					
NAME AND ADDRES	s	MORTGAGEE	X ADDITIONAL INSURE	D	
KILWINS CHOCOAT	E FRANCHISE, INC &	LOSS PAYEE			
	CONFECTIONS, INC	LOAN#			
		A	1		
1050 BAY VIEW RO		AUTHORIZED REPRESENTATI		0	
PETOSKY	MI 49770	Toddy David	1/2	U	