

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/4/2021

TONEIL

**KNIGENT-01** 

3/4/2021											
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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER CONTACT NAME:											
AP Intego Insurance Group, LLC					PHONE FAX						
					(A/C, No, Ext): E-MAIL ADDRESS: support@apintego.com						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
						,				25666	
INSURED KNIGHTRO ENTERPRIZES INC DBA Kilwins Charlottesville 313 E. Main St. Charlottesville, VA 22902					INSURER B :						
					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		ADDL S NSD V		POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS	S		
	COMMERCIAL GENERAL LIABILITY								\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								, , , , , , , , , , , , , , , , , , , ,	\$		
	· · · · · · · · · · · · · · · · · · ·								\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY								\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
A	DED RETENTION \$								\$		
	WORKERS COMPENSATION							V PER OTH-	\$		
	AND EMPLOYERS' LIABILITY		χU	UB5P876900		1/16/2021	1/16/2022			1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	^	0201010000					\$	1,000,000	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
<b> </b>											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
Wai	ver of Subrogation is granted in favor of	the ce	ertifi	icate holder with regards t	o the w	orkers comp	ensation poli	cy.			
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chocolates Franchise Inc & Kilwins 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						
						EH.A.					

ACORD 25 (2016/03)

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) - 001

POLICY NUMBER: UB-5P876900-21-42-G

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

## SCHEDULE

**DESIGNATED PERSON:** 

DESIGNATED ORGANIZATION: KILWINS CHARLOTTESVILLE