



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/16/2017

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 Matt McDermott and Assoc Inc 303 N 21ST ST NEWARK OH 43055-4201	PHONE (A/C, No, Ext): 740-345-9574	COMPANY NATIONWIDE GENERAL INSURANCE COMPANY
FAX (A/C, No):	E-MAIL ADDRESS: mcdermm4@nationwide.com	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 90093		
INSURED ROCK CANDY 4549 BRIDGE PARK AVE DUBLIN OH 43016	LOAN NUMBER	POLICY NUMBER ACP - BPRG - 30 - 0 - 8366228
	EFFECTIVE DATE 07/24/2017	EXPIRATION DATE 07/24/2018
	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION 001 - 001 - 4549 BRIDGE PARK AVE , DUBLIN , OH , 43016 - 0000 - CANDY, NUT AND CONFECTIONARY STORES - NO COOKING (54446)

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
Blanket Building & Personal Property / 100 %	\$ 390,000	\$ 2,500
Business Income / Replacement Cost / Special Form / PB0002 / \$ 390,000 / \$ 2,500	12 Months ALS	
Extra Expense / Replacement Cost / Special Form / PB0002	12 Months ALS	

REMARKS (Including Special Conditions)

Spoilage due to breakdown/contamination/power outage \$10,000 30 day notice of cancellation No wait on Loss of Business income & Extra Expense-Actual Loss Sustained Business Personal Property and Betterments are included in \$390,000
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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 Kilwin's Chocolates Franchise Inc 1050 Bay View Road Petoskey MI 49770	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Matt McDermott	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2017

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).

PRODUCER Matt McDermott and Assoc Inc 303 N 21ST ST NEWARK OH 43055-4201	CONTACT NAME: Matt McDermott	
	PHONE (A/C. No. Ext): 740-345-9574	FAX (A/C. No.):
	E-MAIL ADDRESS: mcdermm4@nationwide.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: NATIONWIDE GENERAL INSURANCE COMPANY	NAIC # 23760
INSURED ROCK CANDY 4549 BRIDGE PARK AVE DUBLIN OH 43016	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	TYPE OF INSURANCE	ADDL INSD	SUBR 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 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACP BPRG 3008366228	07/24/2017	07/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ACP BPRG 3008366228	07/24/2017	07/24/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ACP BPRG 3008366228	08/14/2017	08/14/2018	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	ACP BPRG 3008366228	08/14/2017	08/14/2018	<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
			X				

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

Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections, Inc are listed on Primary and Non-Contributory basis with regards to the General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Employers Liability, Automobile Liability and umbrella in favor of Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections Inc.

CERTIFICATE HOLDER**CANCELLATION**

KILWIN'S QUALITY CONFECTIONS, Inc KILWINS CHOCOLATES FRANCHISE, Inc 1050 BAY VIEW ROAD PETOSKEY MI 49770-0000	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 Matt McDermott
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ADDITIONAL REMARKS SCHEDULE

Intermediary Matt McDermott and Associates	Insured Rock Candy 4549 BRIDGE PARK AVE Dublin, OH 43016
Policy Number ACP BPRG 3008366228	
Insurer Nationwide Insurance	Effective Date: 07/24/2017

ADDITIONAL REMARKS

This Additional Remarks form is a schedule to ACORD form,

Form Number: 25 **Form Title:** Certificate of Liability Insurance

30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage.