**STACEYM** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/30/2018

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.

	this certificate does not confer rights t	o the	cer	tificate holder in lieu of s	contact Stacey Metz						
PRODUCER River Valley Insurance						PHONE (A/C, No, Ext): (715) 539-1517 FAX (A/C, No): (715) 841-1393					
PO	) Box 907 nocqua, WI 54548-1907				(A/C, N	o, Ext): (113)	rivervallev.		(715)	041-1393	
IAIII	110cqua, W1 54546-1907				E-MAIL ADDRESS: smetz@rivervalley-insurance.com  INSURER(S) AFFORDING COVERAGE NAIC #						
									***************************************	13986	
INSURED						INSURER A: Frankenmuth Insurance INSURER B:				13900	
							, , ,				
	Minocqua Sweet Treats, LLC 320 Oneida St	,			INSURI			AND COMPANY OF THE PROPERTY OF			
	Minocqua, WI 54548				INSURE						
						SURER E : SURER F :					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS IREM TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR TO THE RESPONDING THE RESPONDENT WITH RESPONDING THE RESPONDI	ECT TO	O WHICH THIS	
NSR LTR A		INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	1,000,000	
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	x	x	BOP6316787		03/10/2018	03/10/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
	ANY AUTO			BOP6316787		03/10/2018	03/10/2019	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
Α	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								\$	2,000,000	
^	X UMBRELLA LIAB X OCCUR	V	х	BOP6316787	03/10/2018	03/10/2019	EACH OCCURRENCE	\$	2,000,000		
	DED X RETENTION \$ 10,000	Х	^	B01 0010707		00/10/2010	00/10/2015	AGGREGATE	\$	2,000,000	
Α	<del></del>							X PER OTH-	\$		
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	χW	NC 6316787		03/10/2018	03/10/2019			100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
					1						
ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS /A	CORD	101 Additional Remarks Schedul	le may he	attached if mor	e snace is requir	ed)		***************************************	
ilw G	rins Chocolates Franchise, Inc. and Kilwi eneral Liability and Umbrella. Waiver of rins Chocolate Franchise, Inc. and Kilwin	n's G Subi	Qualit rogat	ly Confections. Inc are liste ion with regards to Worke	ed as A rs' Com	dditional Insı ıpensation/Eı	ıred on Prima nployers Lial	ary and Non-Contributory	basis mbrell	with regards a in favor of	
	ays notice of cancellation or non-renewa						Sustained				
, O1	go ooroingo wio,ooo poi ooonioiloo-	u31				otuui EVGO	- actamour				
EF	RTIFICATE HOLDER				CANC	ELLATION					
Kilwins Chocolate Franchise Inc 1050 Bay View Road						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

ACORD 25 (2016/03)

Petoskey, MI 49770

**ACORD** 

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AUTHORIZED REPRESENTATIVE