PILMETH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2017

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 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).

	this certificate does not confer rights t				ch endorsement(s		require an endo	rsemen	L AS	tatement on		
	ODUCER				CONTACT NAME:							
Hy	lant - Southeast Michigan Frank Lloyd Wright Dr, Ste J4100				PHONE (A/C, No, Ext): (734) 741-0044 FAX (A/C, No): (734) 741-1850							
Ān	n Arbor, MI 48105				ADDRESS: annarbor@hylant.com							
					IN	NAIC#						
					INSURER A : Selecti		39926					
INS	SURED				INSURER B : Selecti	19259						
	Pollyanna's Confectionary S	Shop	i		INSURER C :							
	152 Butler St				INSURER D :							
	Saugatuck, MI 49453				INSURER E :							
L					INSURER F:							
C	OVERAGES CER	TIFI	CATI	E 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.												
INS	B ====================================		DOLICIES. CHINT'S SHOWN WAY HAVE BEEN REDUCED BY FAID CLAIMS. POLICY EXP. POLICY EX					LIMITS				
A	<u> </u>	INSC	WVD	, one Howard	(MM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRENCE		s	1,000,000		
	CLAIMS-MADE OCCUR			S 1933074	02/02/2017	02/02/2018	DAMAGE TO RENTED PREMISES (Ea occurr	opes)	\$	300,000		
					01/02/2017	32,02,20,10	MED EXP (Any one pe		\$	10,000		
							PERSONAL & ADV IN		\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA		\$	3,000,000		
	POLICY PRO-		1				PRODUCTS - COMP/O		s	3,000,000		
	OTHER:						T KODOGTO - COMITYC	SI AGG	\$			
A							COMBINED SINGLE L (Ea accident)	TIMI	\$	1,000,000		
	ANY AUTO OWNED AUTOS ONLY AUTOS			S 1933074	02/02/2017	02/02/2018	BODILY INJURY (Per		\$			
							BODILY INJURY (Per accident) \$					
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$			
	AUTOS CINEY						1. 30.000000		\$			
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					02/02/2018	EACH OCCURRENCE		\$	1,000,000		
Α.				S 1933074	05/04/2017		AGGREGATE		\$			
	DED RETENTION \$								\$			
В	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					02/02/2018	X PER STATUTE	OTH- ER				
				WC 7973881	02/02/2017		E.L. EACH ACCIDENT		\$	1,000,000		
(Mandatory in NH)		N/A					E.L. DISEASE - EA EM	IPLOYEE	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		\$	1,000,000		
								1				
_												
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedule	e, may be attached if mo	re space is requir	ed)					
Kilwins Chocolates Franchise, Inc.and Kilwin's 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 Kilwin's Quality Confections, Inc.												
CE	RTIFICATE HOLDER				CANCELLATION							
	Kilwin's Chocolates Franchl Kilwins Quality Confections 1050 Bay View Road		С		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Petoskey, MI 49770				Mill M. YLX							

PILMETH



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2017

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 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

t	his certificate does not confer rights to	o the	cert	tificate holder in lieu of su).					
PRODUCER						CONTACT NAME:						
Hyl	ant - Southeast Michigan Frank Lloyd Wright Dr, Ste J4100	PHONE (A/C, No, Ext): (734) 741-0044 FAX (A/C, No): (734) 741-1850										
Āni	1 Arbor, MI 48105	E-MAIL ADDRESS; annarbor@hylant.com										
					INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURER A : Selective Insurance Co of SE						39926	
INSU	JRED				INSURER B : Selective Insurance Co of SC						19259	
	Pollyanna's Confectionary S	hon			INSURER C:							
	152 Butler St	пор			INSURER D :							
	Saugatuck, MI 49453				INSURER E :							
					INSURER F:							
CO	VERAGES CER	REVISION NUMBER:										
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE R	FEN ISSUED	TO THE INSU			HE PO	LICY PERIOD	
C IN	NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREM TAIN	ENT, TERM OR CONDITION, THE INSURANCE AFFORD	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WIT	H RESPE	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	's		
A	COMMERCIAL GENERAL LIABILITY		13.40			TARREST L. L. L.	THE PROPERTY OF THE PARTY OF TH	EACH OCCURRENC		s	1,000,000	
	CLAIMS-MADE OCCUR			S 1933074		02/02/2017	02/02/2018	DAMAGE TO RENTE PREMISES (Ea occur		\$	300,000	
	<u> </u>							MED EXP (Any one p		s	10,000	
								PERSONAL & ADV II		s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	3,000,000	
	POLICY PRO-							PRODUCTS - COMP		S	3,000,000	
	OTHER:							PRODUCTS - COMP	OF AGG	s		
Á	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	S	1,000,000	
	ANY AUTO			S 1933074		02/02/2017	02/02/2018	BODILY INJURY (Per		s		
	OWNED SCHEDULED AUTOS ONLY					02/02/2017			/ INJURY (Per accident) \$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	-			
	UMBRELLA LIAB OCCUR		_					EACH OCCUPRENCY	_	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	-	\$		
	DED RETENTION \$							AGGREGATE		\$		
В			\vdash					X PER STATUTE	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PARTMER/EXECUTIVE)			WC 7973881		02/02/2017	02/02/2018	110-3337-331032-7-3		s	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	"	7.	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E L DISEASE - EA E		3	1,000,000	
	DESCRIPTION OF OPERATIONS BRIDW		-	,				E.L. DISEASE - POLIC	TA LIWIT	5		
Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Officate holder is additional insured for Ge erage is primary and non contributory ba	nera	ıl Lia	bility when required by writ	tten co	ntract or agre	ement. 30 da	ly notice of cance	llation is	s inclu	ded.	
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	Kilwin's Chocolates Franchis Kilwins Quality Confections I 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.										
	Petoskey, MI 49770			1	Mill M. JLX							