

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/14/2018

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 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). CONTACT NAME: PHONE (A/C, No, Ext): (877) 362-6785 E-MAIL PRODUCER PAYCHEX INSURANCE AGENCY INC FAX (A/C, No): (877) 677-0447 150 SAWGRASS DR ROCHESTER, NY 14620 ADDRESS: paychex@travelers.com (877) 362-6785 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: THE TRAVELERS INDEMNITY COMPANY OF AMERICA INSURED INSURER B : **EDS DELIGHT** INSURER C : 2080 N E 186 DRIVE NORTH MIAMI BEACH, FL 33179 INSURER D : INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: 051059858441370 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

C	NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY CXCLUSIONS AND CONDITIONS OF SUCH	Y PEF	RTAIN,	THE INSURANCE AFFORD	ED BY THE POL	ICIES DESCRIBED	OCUMENT WITH RESPECT HEREIN IS SUBJECT TO	T TO WHICH THIS ALL THE TERMS,
INS LTE	R	ADDI	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIZ	rs
	COMMERCIAL GENERAL LIABILITY	1					EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
		l					PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	JECT LICE						PRODUCTS - COMP/OP AGG	\$
_	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$
	DED RETENTION \$						AGGREGATE	\$
								\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		UB-7K431684-18	03/08/2018	03/08/2019	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
_	If yes, describe under DESCRIPTION OF OPERATIONS below						E,L. DISEASE - POLICY LIMIT	\$1,000,000
ΑN	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ENDORSEMENT HAS BEEN ADDED NCELLATION, SUBJECT TO THE TER	TO TI	HE PC	DLICY (OR POLICIES) THA				
CE	CERTIFICATE HOLDER				CANCELLATION			

CERTIFICATE HOLDER	CANCELLATION
KILWINS CHOCOLATE FRANCHISE INC 1050 DAY VIEW WARD 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.
P.	AUTHORIZED REPRESENTATIVE Thany J. Swan



WORKERS COMPENSATION AND **EMPLOYERS LIABILITY POLICY**

CHANGE DOCUMENT WC 99 99 98 (A)

POLICY NUMBER: (IHUB-7K43168-4-18)

CHANGE EFFECTIVE DATE: 03-08-18 NCCI CO CODE: 13439

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: EDS DELIGHT

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ 250 RETURN PREMIUM \$ NIL ADDITIONAL NON-PREMIUM \$ NIL RETURN NON-PREMIUM \$ NIL

Item 3.C. (OTHER STATES INSURANCE:) of the Information Page has been amended to include the following states:

AL AZ AR CA CO CT DE DC GA ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC OK OR PA RI SC SD TN TX UT VT VA WV WI HI

The following endorsement charge is added to the schedule: STATE OF FL LOCATION 001 01

WAIVER OF SUBROGATION SEE ENDT WC 00 03 13 (00)-001

ESTIMATED ANNUAL

CODE PREM. BASIS RATE CLASSIFICATION PREMIUM

SPECIFIC WAIVER SEE ENDT. WC 00 03 13 (00) KILWINS CHOCOLATE FRANCHISE INC. WAIVER CALCULATION IS BASED ON CLASS CODE(S) PREMIUM

DATE OF ISSUE: 03-15-18 MA CHANGE NO: 001 PAGE 001 OF MORE

POL. EXP. DATE: 03-08-19 POL. EFF. DATE: 03-08-18

OFFICE: PAYROLL 70A

PRODUCER: PAYCHEX INS AGENCY INC SV996



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) - 01

POLICY NUMBER: (IHUB-7K43168-4-18)

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 CHOCOLATE FRANCHISE INC. 1050 DAY VIEW WARD PETOSKEY, MI 49770

DATE OF ISSUE: 03-15-18 ST ASSIGN: