

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2016

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

		rms and conditions of the policy cate holder in lieu of such endors						tement on th	is certificate does not c	onfe	r rights to the
PROD	UCE	R				CONTACT Cathy Wegman					
Risk	Mai	nagement Insurance				PHONE (A/C, No. Ext): (239) 278-3939 FAX (A/C, No. Ext): (239) 278-4853					
		62487 ers, FL 33906				E-MAIL ADDRESS: cathy@riskmgmtins.com					
						INSURER(S) AFFORDING COVERAGE					NAIC#
					•	INSURER A : SAFECO Insurance				24740	
Wulff, Inc. dba Kilwins of Ft. Myers Beach 18260 Creekside View Dr. Fort Myers, FL 33908							INSURER B:				
							INSURER C:				
							INSURER D:				
							INSURER E:				
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:				
INE	DICA RTI	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CTT	O WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Ī		CLAIMS-MADE X OCCUR			01Cl84724810		06/02/2016	06/02/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
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Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		01Cl84724810	06/02/2016	06/02/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	s 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC .						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:				1			\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$					}		\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			١				E.L. DISEASE - EA EMPLOYEE	\$
1	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
						]			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kilwins Chocolates Franchise, Inc. is listed as additional insured with respects to general liability. \*10 day notice of cancellation applies for non-payment of premium.

DURREAD BEACH

Kilwins Chocolates Franchise, Inc. Attn: Peggy Fuller 355 North Division Rd.

Petoskey, MI 49770

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.

AUTHORIZED REPRESENTATIVE