ELLIG-1

OP ID: AE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2018

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 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).

			and conditions of the holder in lieu of su			require an endorsement. A	statement on
PRODUCER		989-773-7353		CONTACT Michael Crapo			
Crapo Agency of Mt. Pl 206 N. Franklin	easant			PHONE (A/C, No, Ext): 989-77	73-7353	FAX (A/C, No): 989-	773-6289
Mt. Pleasant, MI 48858 Michael Crapo				E-MAIL aembury	/@crapoage	ency.com	
wichael Crapo				INS	URER(S) AFFORI	DING COVERAGE	NAIC#
				INSURER A : Allied F	roperty & C	Casualty	19100
INSURED Elliott Greenh				INSURER B : Accide	nt Fund Co		10166
800 W Broadv Mt Pleasant, N				INSURER C:			
,,				INSURER D :			
				INSURER E :			
				INSURER F :			
COVERAGES	CEF	RTIFICATE NU	JMBER:			REVISION NUMBER:	
						D NAMED ABOVE FOR THE POCUMENT WITH RESPECT T	
			INSURANCE AFFORD ITS SHOWN MAY HAVE			HEREIN IS SUBJECT TO AL	L THE TERMS,
NSR TYPE OF IN	SURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A V COMMERCIAL CE	NEDAL LIADILITY						1 000 000

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	3	
Α	Χ	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	s 1,000	,000
		CLAIMS-MADE X OCCUR	Y	Υ	ACP7194016887	06/01/2018	06/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	0,000
								MED EXP (Any one person)	s 5	5,000
								PERSONAL & ADV INJURY	s 1,000	,000
	GE1	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
	Χ	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000	,000
		OTHER:							\$	
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000	,000
		ANY AUTO	Y	Y	ACP7194016887	06/01/2018	06/01/2019	BODILY INJURY (Per person)	\$	
		OWNED X SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									s	
Α	X	UMBRELLA LIAB X OCCUR			T. C.			EACH OCCURRENCE	s 1,000	,000
		EXCESS LIAB CLAIMS-MADE	Y	Y	ACP7184016887	06/01/2018	06/01/2019	AGGREGATE	s 1,000	,000
		DED RETENTION \$							\$	
В	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	WCV6051473	01/01/2019	01/01/2020	E.L. EACH ACCIDENT	s 1,000	,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s 1,000	,000
L		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000

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

Florist service including delivery and Kilwin's Franchise

CERTIFICATE HOLDER			CANCELLATION
	Kilwin's Chocolate Franchise, Inc. Kyle Mellema 1050 Bay View Road Petoskey, MI 49770	KILWINS	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 Michael Crapo

F	OLICY INFOR	RMATION PAGE END	ORSEMENT	and the state of t
The following item(s) []Insured's Name (WC 89 0) []Policy Number (WC 89 06) []Effective Date (WC 89 06) []Expiration Date (WC 89 06) []Insured's Mailing Address []Experience Modification (WC 89) []Change in Workplace of Interest of the product of the pr	02) 03) 5 04) (WC 89 06 0 VC 89 04 06 06 07) sured (WC 8	[] Item 3.6 [x] Item 3.6 [] Item 4.5 [] Interim] [] Carrier 5 [] Intersta 9 06 08) [] Carrier 5	 Class, Rate, Other Adjustment of Prem Servicing Office (WC te/Intrastate Risk ID Number (WC 89 06 	3 13) nbers (WC 89 06 14) (WC 89 04 15) ium (WC 89 04 16) C 89 06 17) Number (WC 89 06 18)
is changed to read: Added Notice of Cancel Kilwin's Quality Confe Forms WC 99 06 51 & WC Documents, Multi-Media	ctions Inc 99 06 52.	. 1050 Bay View :	Rd, Petoskey, MI	[49770; 30 Days,
*Item 4. Change To:				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Total Es	timated Annu	ual Premium \$2316		
Minimum Premium \$750		Premium \$2316	Premium Cha	ange \$0
All other terms and conditions of	this policy re	emain unchanged.		
This endorsement changes the policy to			date issued unless other	wise stated.
(The information below is re	quired only wher	n this endorsement is issue	ed subsequent to prepara	ition of the policy.)
Endorsement Effective 01/01/2019 Insured ELLIOTT GREENHOUSE,	INC.	Policy No. WCV 60514		ement No. 000 remium \$2316
Insurance CompanyACCIDENT FUND	GENERAL I	NS CO Countersigned	by	

WC 89 06 00 B (Ed. 7-01)

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Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy From	Period To
WCV 6051473	01/01/2019 12:01 A.M. Standard Tim	01/01/2020 e at the described location

Transaction

AMENDED INFORMATION PAGE

Effective: 01/01/2019

Named Insured and Address	Agent	
ELLIOTT GREENHOUSE, INC. 800 W BROADWAY ST MT PLEASANT MI 48858	MTB INC. DBA CRAPO AGENCY OF M 206 N FRANKLIN ST MOUNT PLEASANT MI 48858	
	Telephone: 989-773-7353 90012	77

Other Workplaces Not Shown Above:

See schedule attached

Extended Named Insured:

Absence of an entry means no exception

Interstate ID:

Intrastate ID:

Insured Is: CORPORATION
Bureau/Risk ID: 0263303A

FEIN # 382047649 NCCI #: 90468

Unemployment Id Number:

ITEM 2. POLICY PERIOD is from 12:01 A.M., 01/01/2019 to 12:01 A.M., 01/01/2020 Standard Time at the insured's mailing address.

ITEM 3. COVERAGE

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MI
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident \$ 1,000,000 each accident
Bodily Injury by Disease \$ 1,000,000 policy limit
Bodily Injury by Disease \$ 1,000,000 each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3. A. of the Information Page.
- D. This policy includes these endorsements and schedules:

"	I his policy inclu	ides mese i	endorsements an	ia schedules.				
	WC890600B	(7/01)	AF-NTI21	(10/10)	DISCLOSR	(9/10)	PN99NSF	(1/18)
	WC000000C	(1/15)	WC000308	(4/84)	WC000313	(4/84)	WC000403	(4/84)
	WC000419	(1/01)	WC000421D	(1/15)	WC000422B	(1/15)	WC000424	(1/17)

ITEM 4. PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

CLASSIFICATIONS

	SEE SCHEDULE OF C	LASSIFICATIONS ON FOLLOWING PA	(GE(S)
Minimum Premium \$750	Deposit Premium \$2,316	Total Estimated Annual Premium \$2,316	<u>Premium Adjustment Period:</u> Annual - Reporting
		INSURED COPY	

WC000001A 0588

Printed on 01/17/2019

Page 1 of 5

CANCELLATION OR NONRENEWAL BY US

This endorsement amends the Workers' Compensation and Employers' Liability Insurance Policy to which it is attached.

Paragraph 2 of Condition D. Cancellation is replaced by the following:

- 2. We may cancel or nonrenew this policy by mailing or delivering to you written notice of cancellation or nonrenewal at least:
 - a. __days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - any other lawful reason.

In no event will the notice set forth in (a) or (b) be shorter than the number of days required by state law. Mailing the notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/01/2019
Insured
Elliott Greenhouse Inc
Insurance Company
Accident Fund General Insurance Company

Policy No. WCV6051473

Endorsement No. Premium \$2,316

Countersigned by

WC 99 06 52 (Ed. 01-11)

NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT

This endorsement is used to add Item F. Notification to Others to Part Six of the policy and reads as follows:

Item F. Notification to Others of Cancellation or Nonrenewal

- 1. If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or nonrenewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- 2. If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- 3. If coverage afforded by this policy is reduced or restricted, except for any reduction of Limits of Liability due to payment of claims, we will mail or deliver notice of such reduction or restriction to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- 4. If notice as described in Paragraphs 1., 2., or 3 of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDUL	_E
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
Kilwin's Chocolates Franchise Inc & Kilwin's Quality Confections Inc 1050 Bay View Rd Petoskey, MI 49770	30 Days

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 01/01/2019
Insured
Elliott Greenhouse Inc
Insurance Company

Policy No. WCV6051473

Endorsement No.

Premium \$2,316

Accident Fund General Insurance Company

Countersigned by_____

WC 99 06 51

(Ed. 01-11)