

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIWDD/YYYY) 12/10/2019

1,000,000

1,000,000

1,000,000

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). PRODUCER CONTACT Dennis Lake Van Wyk Risk Solutions PHONE (A/C, No, Ext): E-MAIL 150 Ottawa Ave NW 616-942-5070 FAX (A/C, No): 616-942-8199 Suite 1000 ADDRESS: dennisl@vanwykcorp.com Grand Rapids, MI 49503 INSURER(S) AFFORDING COVERAGE NAIC # Citizens Insurance Company of America 31534

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 ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) POLICY NUMBER INSD WVD Α COMMERCIAL GENERAL LIABILITY O7IH123964 11/18/2019 11/18/2020 EACH OCCURRENCE 1.000.000 S DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR 300.000 MED EXP (Any one person) 5,000 \$ 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE \$ POLICY LOC 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$ AUTOMOBILE LIABILITY O7IH123964 COMBINED SINGLE LIMIT (Ea accident) 11/18/2019 11/18/2020 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) S HIRED PROPERTY DAMAGE AUTOS ONLY S (Per accident) \$ UMBRELLA LIAB O7IH123964 OCCUR 11/18/2019 11/18/2020 1,000,000 EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE 1,000,000 AGGREGATE

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

NIA

W2IH123961

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc, are named as Additional Insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella Liability. Waiver of Subrogation in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc applies to Workers Compensation, General Liability, Auto Liability and Umbrella Liability. Umbrella is Follow Form. 30 Day notice of Cancellation other than Non-Payment applies.

11/18/2019 11/18/2020

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise, Inc. 1050 Bay View Road 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.
	Denvy X Yake

✓ PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

DED

(Mandatory in NH)

В

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE

OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION \$