CARRLAU



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/23/2018

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).

CONTACT NAME:

Hylant - Southeasi 24 Frank Lloyd Wr		ļ	(A)C, No, Ext): (734) 741-0044 (A)C, No): (734) 741-1850						
Ann Arbor, MI 481	05				E-MAIL ADDRESS: annarbo	r@hylant.co	om	i	
							DING COVERAGE		NAIC#
					INSURER A: Travelers Casualty Ins Co Amer				19046
					INSURER B: The Travelers Indemnity Company				25658
107 E Liberty #109 Ann Arbor M 48104					INSURER C: Standard Fire Insurance Co.				19070
					INSURER D:				
					INSURER E:				
					INSURER F:				
COVERAGES				NUMBER:			REVISION NUMBER:		10/050105
INDICATED. NO CERTIFICATE MA EXCLUSIONS AN	TWITHSTANDING ANY F LY BE ISSUED OR MAY	REQUI PER POLIC	REMI TAIN, CIES.	SURANCE LISTED BELOWHENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	I OF ANY CONTRA DED BY THE POLICI BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR TYPI	OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MW/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$	
A X COMMERCI	AL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
CLAIM	S-MADE X OCCUR	X		6801H447146	05/22/2018	05/22/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
POLICY	JECT LOC						PRODUCTS - COMPIOP AGG	\$	2,000,000
OTHER:			-				COMBINED SINGLE LIMIT	\$	1,000,000
A AUTOMOBILE LIABILITY ANY AUTO OVANTED OVANTED OVANTED						05/22/2019	(Ea accident)	\$	1,000,000
		X		6801H447146	05/22/2018		BODILY INJURY (Per person)	\$	
OWNED AUTOS ONL							BODILY INJURY (Per accident) PROPERTY DAMAGE		
AUTOS ONI	Y X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
n v		ļ						\$	2,000,000
B X UMBRELLA				CUP9G263971	05/22/2018	05/22/2019	EACH OCCURRENCE	\$	2,000,000
EXCESS LIAB CLAIMS-MA		ا · · ل		CUP9G20397 1	05/22/2010	OULLIAGIO	AGGREGATE	\$	2,000,000
DED X	RETENTION\$ 5,000	'					X PER OTH-	\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				UB5J414218	05/22/2018	05/22/2019			1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				0000414210			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			\vdash				E.L. DISEASE - POLICY LIMIT	\$	
							!		
General Liability Coverage is Prima	y and Non Contributory ality Confections inc			l D 101, Additional Remarks Schedul ity Confections Incs are nat n regards to General Liabilit					
CERTIFICATE HOLDER					CANCELLATION				
OEITH IOATE HOLDER					VIII OBERRI (1013				
Kilwins Chocolate Franchise Inc , Kilwins Quality Confections 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.				
					AUTHORIZED REPRESENTATIVE				