

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2017

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 s

PRODUCER Roy H. Liskey, Inc	CONTACT Roy H. Liskey, Inc.				
PO Box 84	PHONE (A/C, No. Ext): 269-983-1644 FAX (A/C, No. Ext): 269-983-1644	69-983-1922			
Saint Joseph MI 49085	E-MAIL ADDRESS: liskeyinsurance@comcast.net				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
200 BS 1383	INSURER A: Property-Owners Insurance Company	32905			
P & J Enterprises LLC	INSURER B: Home-Owners Insurance Company	26638			
dba Kilwins of St Joseph	INSURER C:				
217 State St	INSURER D :				
Saint Joseph MI 49085	INSURER E :				
00//504050	INSURER F :				

CERTIFICATE NUMBER: 20170606132204157 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 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 REEN REDUICED BY PAID OF AIMS

	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	2	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				(MM/DO/1111)	(MIM/DD/1111)	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,00
A			best to				MED EXP (Any one person)	\$	10,00
		Υ	Y	16241995	06/06/2017	06/06/2018	PERSONAL & ADV INJURY	\$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
-	OTHER:						Hired/Non-Owned Automobil	5	2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	S	
1	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
-							TO CALL OF THE ALL OWNERS AND THE	\$	
-	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	
+	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
-	DED RETENTION \$							\$	
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	V	16707284	00/47/0047	00/47/0040	E.L. EACH ACCIDENT	\$	1,000,000
1	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		1	16707284	02/17/2017	02/17/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							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)

Kilwins Chocolates Franchise, Inc. is listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability and General Liability in favor of Kilwins Chocolates Franchise, Inc. 30 Day notice of cancellation or non-renewal will be provided to the certificate holder on all coverages.

CERTI	IFICATE 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.					
	October 1411 43770	AUTHORIZED REPRESENTATIVE Carol Michaels					



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Roy H. Liskey, Inc	CONTACT Roy H. Liskey, Inc.				
PO Box 84	PHONE (A/C, No. Ext): 269-983-1644 FAX	269-983-1922			
Saint Joseph MI 49085	E-MAIL ADDRESS: liskeyinsurance@comcast.net				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
Malines	INSURER A: Property-Owners Insurance Company	32905			
P & J Enterprises LLC dba Kilwins of St Joseph	INSURER B: Home-Owners Insurance Company	26638			
	INSURER C:				
217 State St	INSURER D :				
Saint Joseph MI 49085	INSURER E :				
COVERAGES CERTIFICATE NUME	INSURER F :				

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INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	re	
	X	CLAIMS-MADE X OCCUR				(MM/DD/1111)	(MM/DD/TTTT)	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000
		CLAIMS-MADE 11 OCCUR	Υ	Υ	16241995	06/06/2017		PREMISES (Ea occurrence)	\$	300,000
A								MED EXP (Any one person)	\$	10,000
	051						06/06/2018	PERSONAL & ADV INJURY	S	2,000,000
	X	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
	^	POLICY PRO- JECT LOC							\$	2,000,000
_		OTHER:	_					Hired/Non-Owned Automobil	S	2,000,000
i i	AU	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	S	
		OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_		UMBRELLA LIAB		-					5	
	-	OCCUR OCCUR						EACH OCCURRENCE	\$	
		CLAIMS-MADE						AGGREGATE	S	
	WOF	DED RETENTION \$ RKERS COMPENSATION	_	-					\$	
	AND	EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
В	OFFI	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Mandatory in NH) f ves. describe under		A Y	16707284	02/17/2017	02/17/2018	E.L. EACH ACCIDENT	\$	1,000,000
	If yes							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	CRIPTION OF OPERATIONS below		-				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DECC	D.D.T	TON OF OPERATIONS // OCATIONS // WIND								

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

Kilwin's Quality Confections, Inc. is listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability and General Liability in favor of Kilwin's Quality Confections, Inc.

30 Day notice of cancellation or non-renewal will be provided to the certificate holder on all coverages.

CERT	IFICATE HOLDER	CANCELLATION				
	Kilwin's Quality Confections, Inc. 1050 Bay View Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Petoskey MI 49770	AUTHORIZED REPRESENTATIVE Carol michaels				



EVIDENCE OF PROPERTY INSURANCE

06/06/2017

			06/06/2017
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PROD	OT AFFIRMATIVELY OR NEGATIVELY AMER CE OF INSURANCE DOES NOT CONSTITUT	ND EXTEND OF ALT	TED THE
AGENCY PHONE (A/C, No. Ext): 269-983-1644	COMPANY		
Roy H. Liskey, Inc	D		
PO Box 84	Property-Owners Insura	ance Company	1
	6101 Anacapri Blvd.		
Saint Joseph MI 49085	Lansing MI 48917-3999)	
FAX (A/C, No): 269-983-1922 E-MAIL ADDRESS: liskeyinsurance@comcast.net			
2005 04040200			
AGENCY CUSTOMER ID #: 100743			
INSURED			
P & J Enterprises LLC	LOAN NUMBER	POLICY NUMBER	
dba Kilwins of St Joseph		16241995	
	EFFECTIVE DATE EXPIRATION D	CONTINU	JED UNTIL
217 State St	06/06/2017 06/06/2018		ATED IF CHECKED
Saint Joseph MI 49085-1545	THIS REPLACES PRIOR EVIDENCE DATED:		
PROPERTY INFORMATION			
PROPERTY INFORMATION LOCATION/DESCRIPTION			
217 State St, St. Joseph, MI 49085 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T	O THE INCLIDED NAMED ABOVE FOR THE D		
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PER SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SL	ANY CONTRACT OR OTHER DOCUMENT WIT	H RESPECT TO WHI	CH THIS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD SPECIAL		
COVERAGE / PERILS / FORMS		AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property on a replacement cost basis		03,040	1000
Tenants improvements and Betterments on a replacement cost basis	1	00,000	1000
Spoilage due to power outage	1	5,000	500
Business Income & Extra Expense ALS	live live	2 months	0
Food Contamination Coverage		0.000	1000
			No Committee of the Com
REMARKS (Including Special Conditions)			
CANCELLATION			
	ED DEFORE THE THE		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ED BEFORE THE EXPIRATION DATE THER	EOF, NOTICE WILL	BE
ADDITIONAL INTEREST			
NAME AND ADDRESS	ADDITIONAL INSURED LENDER'S LOSS	DAVABLE	NO DAVEE
	MORTGAGEE	LC	OSS PAYEE
Kilwing Chacalatas Franchica In-	LOAN#		
Kilwins Chocolates Franchise, Inc.			
1050 Bay View Dr	AUTHORIZED REPRESENTATIVE		
Petoskey, MI 49770	Can	el muc	haels



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