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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/05/2020

				C				DILI				0	3/05/2	2020
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.														
	IM If	PO SUE	RTANT: If the ce BROGATION IS W	rtificate holder /AIVED, subject	is an to t	ADD he te	DITIONAL INSURED, the prime and conditions of the	e poli	cy, certain p	olicies may				
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER PRODUCER PRODUCER Roy H. Liskey, Inc.														
l			Roy H. Liske	ey, Inc					o, Ext): 269-98				269-9	83-1922
l			PO Box 84					E-MAIL	iskevinsu	urance@com		(A/C, NO).		
Saint Joseph MI 49085 E-MAIL ADDREss: liskeyinsurance@comcast.net INSURER(S) AFFORDING COVERAGE NAI											NAIC #			
l								INSURER A : Property Owners Insurance Company						32905
F	INSU	RED			121	•		INSURER A: I TOPETTY OWNERS Insurance Company						26638
l			P & J Enterpr		KIIV	vins	of St Joseph	INSURE						
l			1106 Lake Bo		45			INSURE						
l			Saint Joseph	MI 49085-15	45			INSURE						
l								INSURE						
	co	/ER	AGES	CER	TIFI	CATE	ENUMBER: 202003051				REVISION NUM	BER:		1
	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.													
	NSR LTR		TYPE OF INSU	RANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
l		Х	COMMERCIAL GENER								EACH OCCURRENC		\$	2,000,000
l			CLAIMS-MADE	X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	\$	300,000
l											MED EXP (Any one p	erson)	\$	10,000
l	A	Y		Y	Y	16241995		06/06/2019	06/06/2020	PERSONAL & ADV IN	JURY	\$	2,000,000	
l		GEN	EN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGA	ATE	\$	2,000,000
l	X POLICY PRO- JECT LOC								PRODUCTS - COMP/	OP AGG	\$	2,000,000		
L			OTHER:								Hired/Non-Owned A		\$	2,000,000
l	AUTOMOBILE LIABILITY									COMBINED SINGLE (Ea accident)	LIMIT	\$		
l			ANY AUTO	_							BODILY INJURY (Per	r person)	\$	
l			OWNED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per	'	\$	
l			HIRED AUTOS ONLY	AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$	
L													\$	
l	_	Х	UMBRELLA LIAB	X OCCUR					08/01/2019	06/09/2020	EACH OCCURRENC	E	\$	1,000,000
l	B		EXCESS LIAB	CLAIMS-MADE	Y	Y	5153876101				AGGREGATE		\$	1,000,000
L			DED RETENTI										\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N									PER STATUTE	OTH- ER		
l	B	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE	N/A	Y	16707284		02/17/2020	02/17/2021	E.L. EACH ACCIDEN	т	\$	1,000,000
l		(Mar	ndatory in NH) s, describe under				10/0/204				E.L. DISEASE - EA EI	MPLOYEE	\$	1,000,000
L		DES	CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLI	CY LIMIT	\$	1,000,000
	Kil\ Lia Sul fav 30	vin bili oro or o day	s Chocolates I ty Policy and C gation with reg of Kilwins Cho y notice of can	Franchise, In Commercial I gards to Wor colates Fran ncellation or r	ic. is Umb kers chis	s list prella s' Co se, Ir	ed as Additional Remarks Schedul ed as Additional Insu a Policy. Kilwins Cho ompensation/Employ nc. ewal will be provided	ured o ocola ers L to th	on Primary tes Franch iability, Co e certificat	and Non- nise, Inc is ommercial	Contributory listed under Umbrella, an	the Wa d Gen	aiver	of
Г	CEF	RTIF	FICATE HOLDER					CAN	CELLATION					
Kilwins Chocolates Franchise, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								

1050 Bay View Road Petoskey MI 49770

ACCORDANCE WITH THE POLICY PROVISIONS.	

AUTHORIZED REPRESENTATIVE Carol michaeld

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/05/2020

	03/05/2020										
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).										
	ODUCER				CONTA NAME:		,				
	Roy H. Liskey, Inc							FAX (A/C, No):	269-98	3-1922	
	PO Box 84				E-MAIL	iskevins			200 00		
	Saint Joseph MI 49085				E-MAIL ADDRESS: liskeyinsurance@comcast.net INSURER(S) AFFORDING COVERAGE NA						
						NAIC # 32905					
	SURED							urance Company ance Company		26638	
	P & J Enterprises LLC dba	Kilv	vins	of St Joseph						20000	
	1106 Lake Boulevard				INSURE						
	Saint Joseph MI 49085-154	45			INSURE						
					INSURE						
	OVERAGES CER	TICI	C A T	E NUMBER: 202003051	INSURE			REVISION NUMBER:			
<u> </u>	THIS IS TO CERTIFY THAT THE POLICIES										
	INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an Ed by	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	т то т	WHICH THIS	
INS LT	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY					(1111) 2 2 7 7 7 7 7	(111122)	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	10,000	
A		Y	Y	16241995		06/06/2019	06/06/2020		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							Hired/Non-Owned Automobil	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
B		Y	Y	5153876101		08/01/2019	06/09/2020		\$	1,000,000	
-	DED RETENTION \$		1				00,00,2020		\$,,	
	WORKERS COMPENSATION		Y			02/17/2020	02/17/2021	PER OTH- STATUTE ER	Ŷ		
	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N/A		16707284				E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is require	ed)			
K	ilwin's Quality Confections, Inc.	is I	isteo	as Additional Insur	ed on	Primary a	and Non-C	ontributory basis or	the	General	
Li	Liability Policy and Commercial Umbrella Policy. Kilwin's Quality Confections, Inc is listed under the Waiver of										
S	ubrogation with regards to Wor	kers	s' Co	mpensation/Employ	ers L	iability, Co	ommercial	Umbrella, and Gen	eral L	iability in	
fa	ovor of Kilwin's Quality Confection	ons,	, Inc			-				-	
	30 day notice of cancellation or non-renewal will be provided to the certificate holder on all coverages.										
	-			•							
CERTIFICATE HOLDER CANCELLATION											
Kilwin's Quality Confections Inc. 1050 Bay View Drive 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.						
					AUTHO	RIZED REPRESE					
						AUTHORIZED REPRESENTATIVE					

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