

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2022

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 confor rights to the certificate holder in lieu of such and responsible.

	is certificate does not confer ri	-							equire an endorsement. A s	tatement on	
	DUCER	garage and commented from the definition of the					CONTACT Roy H. Liskey, Inc.				
Roy	/ H. Liskey, Inc					PHONE 260 083 1644 FAX 260 083 1022					
	Box 84						(A/C, No, Ext): 203-303-1044 (A/C, No): 203-303-1322 E-MAIL ADDRESS: carol@liskey.net				
						INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#	
Sai	nt Joseph	MI 49085					INSURER A : Property Owners Insurance Company				
INSU	RED						INSURER B: Home-Owners Insurance Company				
	•	LC dba Kilwins of St Joseph					INSURER C:				
217 State St						INSURER D :					
Saint Joseph MI 49			112	26		INSURER E :					
							INSURER F:				
CO	VERAGES	CER	TIFIC	ATE	NUMBER: 2022022111						
TH	HIS IS TO CERTIFY THAT THE PO					AVE 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.											
INSR LTR	TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILIT	Y						,		000,000	
	CLAIMS-MADE X OCCU	3							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30	0,000	
				Y					MED EXP (Any one person) \$ 10	,000	
Α			Υ		16241995		06/06/2021	06/06/2022	PERSONAL & ADV INJURY \$ 2,0	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER	R:							GENERAL AGGREGATE \$ 2,0	000,000	
	X POLICY PRO- JECT LOC								PRODUCTS - COMP/OP AGG \$ 2,0	000,000	
	OTHER:									000,000	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO								BODILY INJURY (Per person) \$		
	OWNED SCHEDUL AUTOS	ED							BODILY INJURY (Per accident) \$		
	HIRED NON-OWN AUTOS ONLY								PROPERTY DAMAGE (Per accident) \$		
	ACTOC CITET ACTOC CI								\$		
	X UMBRELLA LIAB X OCCU	R							EACH OCCURRENCE \$ 1,	000,000	
В	EXCESS LIAB CLAIM	S-MADE	Y	Y	5153876101		06/09/2021	06/09/2022	AGGREGATE \$ 1,	000,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			/A Y			02/17/2022	02/17/2023	PER OTH- STATUTE ER		
_ AN	ANYPROPRIETOR/PARTNER/EXECUTIVE	Y/N N/	NI / A		16707284					000,000	
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	Ť	10707204				E.L. DISEASE - EA EMPLOYEE \$ 1,	000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$ 1,	000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS	/ VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)		
Kil	wins Chocolates Franchise, Inc. i	s listed	as A	dditic	nal Insured on Primary an	d Non-(Contributory b	asis with rega	ards to General Liability. Waive	rof	
Su	brogation with regards to Worker Day notice of cancellation or nor	s' Com	pensa	ation/	Employers Liability and Ge	eneral L	iability in favo	or of Kilwins C	chocolates Franchise, Inc.		
30	Day notice of cancellation or nor	-renew	ai wii	i be p	provided to the certificate h	loider o	n all coverage	35.			
CERTIFICATE HOLDER CANCELLATION											
							CHOILED AND OF THE ADOMED PROCEEDS BY AN ARTHUR STORY				
	Kilosiaa Obaaalata			1		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
									Y PROVISIONS.		
	1050 Bay View R						AUTHORIZED REPRESENTATIVE and Michaeld				
	Petoskey MI 4977										
l						1					



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	DUCER						CONTACT Roy H. Liskey, Inc.				
Roy	/ H. Liskey, Inc						PHONE 260_083_1644 FAX 260_083_1022				
	Box 84					(A/C, No, Ext): 209-903-1044 (A/C, No): 209-903-1922 E-MAIL					
										NAIC#	
Sai	nt Joseph	MI 49085					INSURER A : Property Owners Insurance Company				
INSU	RED						INSURER B: Home-Owners Insurance Company				
	•	LC dba Kilwins of St Joseph					INSURER C:				
	217 State St						INSURER D :				
	Saint Joseph MI 49	9085-1126					INSURER E :				
							INSURER F:				
CO	VERAGES	CERTIFICATE NUMBER: 202202211					1925884 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 BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		DDL SU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	Y							EACH OCCURRENCE \$ 2,00		
	CLAIMS-MADE X OCCUP	₹							PREMISES (Ea occurrence) \$ 300		
				Y					MED EXP (Any one person) \$ 10,0		
Α			Υ '		16241995		06/06/2021	06/06/2022		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER	R:							GENERAL AGGREGATE \$ 2,00		
	X POLICY JECT LOC								PRODUCTS - COMP/OP AGG \$ 2,00		
	OTHER:	-	-						Hired/Non-Owned Autc \$ 2,00	00,000	
	AUTOMOBILE LIABILITY								(Ea accident)		
	ANY AUTO OWNED SCHEDULE	=D							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWN								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$		
	AUTOS ONLY AUTOS ON	ILY							(Per accident) \$		
	X UMBRELLA LIAB X OCCUP		-	-					1.0	00,000	
В	——————————————————————————————————————		Y	Υ	5153876101		06/09/2021	06/09/2022	E/101100001111E/10E	00,000	
	CEANN	S-MADE			0100070101		00/00/2021	00/00/2022	AGGREGATE \$ 1,0	30,000	
_	DED RETENTION \$ WORKERS COMPENSATION			_					PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	Y/N N/					02/17/2022	02/17/2023		00,000	
В	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		I/A	Υ	16707284					00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									00,000	
	BECOME THON OF CITATION OF BOOM										
DES	CRIPTION OF OPERATIONS / LOCATIONS	/ VEHICLE	S (AC	ORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)		
Kil	win's Quality Confections Inc. is lis	sted as A	Additio	onal	I Insured on Primary and N	Non-Co	ntributory bas	is with regard	ls to General Liability. Waiver of	Subrogation	
	h regards to Workers' Compensal								ctions Inc.		
30	Day notice of cancellation or non-	-renewai	WIII L	ре р	rovided to the certificate h	older o	n all coverage	38.			
CERTIFICATE HOLDER CANCELLATION											
							OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CANCELL	ED BEFORE	
Kilwin's Quality Confections I						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	1050 Bay View Dr	rive					ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUGUST Michaels				
	Petoskey MI 4977										