

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

			· · ·					- 06	6/24/2022		
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 confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER Roy H. Liskey, Inc.											
	y H. Liskey, Inc				PHONE 200 000 4044 FAX 200 000 4000						
	Box 84				(A/C, No, Ext): 203-303-1044 (A/C, No): 203-303-1322 E-MAIL corol@lipkov pot (A/C, No): 203-303-1322						
						ADDRESS: Caloreniskey.net INSURER(S) AFFORDING COVERAGE NAIC					
Saint Joseph MI 49085					INSURE	32905					
INSURED						INSURER A : Property Owners Insurance Company INSURER B : Home-Owners Insurance Company					
P & J Enterprises LLC dba Kilwins of St Joseph						INSURER C :					
217 State St						RD:					
	Saint Joseph MI 49085				INSURE						
					INSURER F :						
CO	VERAGES CERT	FIFIC	ATE	NUMBER: 2022062410	550397	'0		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		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
				I GEIGT RUMBER		(mm, 00, 1111)		-	000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30	0,000		
								MED EXP (Any one person) \$ 10	,000		
А		Y	Y	16241995		06/06/2022	06/06/2023	PERSONAL & ADV INJURY \$ 2,0	000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,0	000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 2,0	000,000		
	OTHER:							Hired/Non-Owned Autc \$ 2,000,000			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$			
								\$			
	X UMBRELLA LIAB X OCCUR								000,000		
В	EXCESS LIAB CLAIMS-MADE	Y	Y	5153876101		06/09/2022	06/09/2023	AGGREGATE \$ 1,0	000,000		
	DED RETENTION \$							PER OTH-			
	AND EMPLOYERS' LIABILITY Y / N	N/A			02/17/2022		STATUTE ER				
В			Y 167	16707284		02/17/2022	02/17/2023		1,000,000		
	(Mandatory in NH)										
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0	000,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A	CORD	101, Additional Remarks Schedu	le, mav b	e attached if more	e space is require	ed)			
	wins Chocolates Franchise, Inc. is listed a								of		
Sub	brogation with regards to Workers' Comp	ensa	tion/	Employers Liability and Ge	eneral L	iability in favo	r of Kilwins C		<u>,</u>		
30	Day notice of cancellation or non-renewa	al will	be p	rovided to the certificate h	older or	n all coverage	s.				
CEF	RTIFICATE HOLDER				CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	Kilwins Chocolates Fran	chis	se, li	nc.	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1050 Bay View Road										
	Petoskey MI 49770				AUTHORIZED REPRESENTATIVE						
					(acol michaeld)						
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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
					CONTACT NAME: Roy H. Liskey, Inc. PHONE 260,083,1644 FAX 260,083,1022						
	/ H. Liskey, Inc				(A/C, No, Ext): 209-903-1044 (A/C, No): 209-903-1922						
PU	Box 84				ADDRESS: Calorenskey.net						
Coint Jacob					INSURER(S) AFFORDING COVERAGE				NAIC #		
	nt Joseph			MI 49085	INSURE	32905 26638					
P & J Enterprises LLC dba Kilwins of St Joseph						INSURER B: Home-Owners Insurance Company					
217 State St						INSURER C :					
Saint Joseph MI 49085						INSURER D :					
	•				INSURER E :						
00	VERAGES CER	TIFIC		NUMBER: 2022062410		INSURER F :					
	IS IS TO CERTIFY THAT THE POLICIES										
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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	00,000		
	CLAIMS-MADE CCUR							PREMISES (Ea occurrence) \$ 30 MED EXP (Any one person) \$ 10	,		
А		Y	Y	16241995		06/06/2022	06/06/2023		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		•			00,00,2022	00,00,2020	GENERAL AGGREGATE \$ 2,000,000			
								• • • • • • • • • • • • • • • • • • • •	00,000		
	OTHER:								00.000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	,		
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS ONLY							PROPERTY DAMAGE \$			
								\$			
	X UMBRELLA LIAB X OCCUR						06/09/2023	EACH OCCURRENCE \$ 1,0	00,000		
В	EXCESS LIAB CLAIMS-MADE	Y	Y 51	5153876101		06/09/2022		AGGREGATE \$ 1,0	00,000		
	DED RETENTION \$						\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y		(02/17/2022	02/17/2023	PER OTH- STATUTE ER			
Р	ANYPROPRIETOR/PARTNER/EXECUTIVE			46707094				E.L. EACH ACCIDENT \$ 1,0	\$ 1,000,000		
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			16707284				E.L. DISEASE - EA EMPLOYEE \$ 1,0	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0	00,000		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
	vin's Quality Confections Inc. is listed as								Subrogation		
	n regards to Workers' Compensation/En Day notice of cancellation or non-renew							ctions Inc.			
00			be p			r an ooverage	0.				
CE						CANCELLATION					
					SHC			ESCRIBED POLICIES BE CANCEL			
	Kilwin'a Quality Confact	iono	Inc					EREOF, NOTICE WILL BE DE			
	Kilwin's Quality Confect 1050 Bay View Drive	UIS	IIIC.		ACCORDANCE WITH THE POLICY PROVISIONS.						
	Petoskey MI 49770										
	FEIUSKEY WII 49/10				AUTHORIZED REPRESENTATIVE						
						Carol michaeld					
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