

**BHART** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/16/2017

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.

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ich endorsement(s		require an endorsemen	t. A statement on
PRODUCER					CONTACT NAME: PHONE (616) 454 0800 FAX (616) 454 7100			
Oliv 278	rier-VanDyk Insurance Agency, Inc. 0 44th St SW				(A/C, No, Ext): (O 10) 434-0000 (A/C, No): (O 10)			616) 454-7100
Wyoming, MI 49519					E-MAIL ADDRESS:			
					INSURER(S) AFFORDING COVERAGE			NAIC #
INICI	IDED				INSURER A : The Hartford			22357
DG Enterprises, LLC 14 Danton Lane North Locust Valley, NY 11560					INSURER B: INSURER C:			
					INSURER D :			
					INSURER E :			
					INSURER F:			
СО	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:	
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	ACT OR OTHER CIES DESCRIB	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR	TVD= 0= 111011D 1110E		SUBR			POLICY EXP (MM/DD/YYYY)		 S
A	X COMMERCIAL GENERAL LIABILITY				(,55/1111	, <u>(</u>	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	X	81SBAIK4256	12/15/2017	12/15/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
Α	OTHER:						COMBINED SINGLE LIMIT	1,000,000
	ANY AUTO	v	v	81SBAIK4256	12/15/2017	12/15/2018	(Ea accident)	\$ , ,
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		X	013BAIN4230	12/13/2017	12/13/2010	BODILY INJURY (Per person)  BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONLY AUTOS ONLY						(i ei accident)	\$
Α	X UMBRELLA LIAB X OCCUR		x			12/15/2018	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE	X		81SBAIK4256	12/15/2017		AGGREGATE	\$ 1,000,000
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N		0.414/EQ.4.4.0ED.1	40/45/0045	12/15/2018	X PER OTH-ER	4 000 00
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under			81WECAA8TDH	12/15/2017		E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	1 000 00
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
liabi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI vins Chocolates Franchise Inc. and Kilw ility, auto liability and umbrella. Waiver cellation applies.	LES (/ ins Q of su	ACORI Luality Ibrog	o 101, Additional Remarks Schedu y Confections Inc. are add ation applies to workers' o	lle, may be attached if m itional insured on a compensation, gene	ore space is requi primary & no eral liability, au	red) n-contributory basis with uto liability and umbrella.	regards to general A 30 day notice of
CE	RTIFICATE HOLDER				CANCELLATION	1		
<u>ue</u>	KIIFICATE HOLDEK  Kilwins Chocolates Franchis Kilwins Quality Confections 1050 Bay View Rd Petoskey, MI 49770		с.		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			
i otoskoy, iiii <del>1</del> 3110					Rook, Wart			