

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/19/2018

9/19/2018											
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).											
	DUCER vier-VanDyk Insurance Agency		NAME:								
2780 44th Street SW						PHONE [A/C, No, Ext): 616-454-0800 [A/C, No): 616-454-7100					
						E-MAIL ADDRESS: beckyh@ovdinsurance.com					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Citizens Insurance Company				31534	
INSURED MARSWEE-01						INSURER B :					
Mar Sweets Shop, LLC 3897 Truman Dr					INSURER C :						
					INSURE	INSURER D :					
						INSURER E :					
						INSURER F :					
COVERAGES CERTIFICATE NUMBER: 410744013							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		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	ODID358162		9/1/2018	9/1/2019	EACH OCCURRENCE	\$ 1,000,	000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00		
								MED EXP (Any one person)	\$ 10,000		
								PERSONAL & ADV INJURY	\$ 1,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,		
	PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,		
	OTHER:							TRODUCTS - COMP/OP AGG	\$ 2,000, \$	000	
А	AUTOMOBILE LIABILITY	Y	Y	ODID358162		9/1/2018	9/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	X UMBRELLA LIAB X OCCUR	Y	Y	ODID358162		9/1/2018	9/1/2019	EACH OCCURRENCE	\$ 2,000,	000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000,		
	DED RETENTION \$								\$	· · •	
А	WORKERS COMPENSATION		Y	W2ID358141		9/1/2018	9/1/2019	X PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,	000	
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 1,000,		
	DEGONIF HON OF OFERATIONS DEIDW							E.E. DIOLAGE - FOLIOT LIMIT	ψ 1,000,		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC										
	vins Chocolates Franchise Inc. and Kilw										
general liability, auto liability and umbrella. Waiver of subrogation applies with regards to workers' compensation, general liability, auto liability & umbrella. 30 days notice of cancellation applies.											
CERTIFICATE HOLDER CANCELLATION											
						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					
Petoskey MI 49770						Rockidart					
Caryturt											

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