

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/19/2018

| 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.<br>If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on<br>this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    |   |  | CONTACT                    |   |                         |        |  |  |
| Olivier-VanDyk Insurance Agency  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    | PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100<br>E-MAIL ADDRESS: anglef@ovdinsurance.com |  |                            |   |                         |        |  |  |
| Wyoming MI 49519   |  |                         |       |             |                    |   |  |                            |   |                         | NAIC # |  |  |
| _  |  |                         |       |             |                    |   | INSURER(S) AFFORDING COVERAGE  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    | INSURER B : Travelers Indemnity Co. of Ct.  |  |                            |   |                         | 25000  |  |  |
| Kilwins Quality Confections  |  |                         |       |             |                    |   |  |                            |   |                         | 25682  |  |  |
| Kilwins Chocolate Kitchen, Retail Store 1050 Bay View Rd.  |  |                         |       |             |                    |   | INSURER C : Travelers Property & Casualty  |                            |   |                         | 25674  |  |  |
|  | y MI 49770   |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    |   | INSURER E :<br>INSURER F :   |                            |   |                         |        |  |  |
| COVERA   |  | CER                     | TIFIC |             | NUMBER: 1060676696 | KF:   | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
| INSR<br>LTR TYPE OF INSURANCE  |  |                         |       | SUBR<br>WVD | POLICY NUMBER      |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | s                       |        |  |  |
| A X C  | COMMERCIAL GEN   | X                       |       |             | 6301L700258        |   | 10/1/2018  | 10/1/2019                  | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 1,000,0<br>\$ 100,00 |        |  |  |
|  |  |                         |       |             |                    |   |  |                            | MED EXP (Any one person)  | \$ 5,000                |        |  |  |
|  |  |                         |       |             |                    |   |  |                            | PERSONAL & ADV INJURY   | \$ 1,000,0              | 000    |  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:   |  |                         |       |             |                    |   |  |                            | GENERAL AGGREGATE   | \$ 2,000,0              | 000    |  |  |
| POLICY X PRO-<br>JECT LOC  |  |                         |       |             |                    |   |  |                            | PRODUCTS - COMP/OP AGG  | \$ 2,000,0              | 000    |  |  |
| OTHER:   |  |                         |       |             |                    |   |  |                            |   | \$                      |        |  |  |
| в ашто   | MOBILE LIABILITY   |                         |       |             | BA2L213097         |   | 10/1/2018  | 10/1/2019                  | COMBINED SINGLE LIMIT<br>(Ea accident)                          | \$ 1,000,0              | 000    |  |  |
| X ANY AUTO   |  |                         |       |             |                    |   |  |                            | BODILY INJURY (Per person)                                      | \$                      |        |  |  |
|  | OWNED<br>AUTOS ONLY                                      | SCHEDULED<br>AUTOS      |       |             |                    |   |  |                            | BODILY INJURY (Per accident)                                    | \$                      |        |  |  |
|  |  | NON-OWNED<br>AUTOS ONLY |       |             |                    |   |  |                            | PROPERTY DAMAGE<br>(Per accident)                               | \$                      |        |  |  |
|  |  |                         |       |             |                    |   |  |                            |   | \$                      |        |  |  |
| сχι  | UMBRELLA LIAB  | X OCCUR                 |       |             | CUP 2L214506       |   | 10/1/2018  | 10/1/2019                  | EACH OCCURRENCE   | \$ 25,000               | ,000   |  |  |
| E  | EXCESS LIAB  | CLAIMS-MADE             |       |             |                    |   |  |                            | AGGREGATE   | \$ 25,000               | ,000   |  |  |
| C  | DED RETEN  | TION \$                 |       |             |                    |   |  |                            |   | \$                      |        |  |  |
|  | A WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y / N |                         |       |             | UB 1L714644        |   | 10/1/2018  | 10/1/2019                  | X PER OTH-<br>STATUTE ER  |                         |        |  |  |
| ANYPR  | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |                         |       |             |                    |   |  |                            | E.L. EACH ACCIDENT  | \$ 1,000,0              | 000    |  |  |
| (Mandatory in NH)<br>If yes, describe under  |  |                         | N/A   |             |                    |   |  |                            | E.L. DISEASE - EA EMPLOYEE                                      | \$ 1,000,0              | 000    |  |  |
| DESCF  | RIPTION OF OPERA   | TIONS below             |       |             |                    |   |  |                            | E.L. DISEASE - POLICY LIMIT                                     | \$ 1,000,0              | 000    |  |  |
|  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
| Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insured on Primary and Non-Contributory basis with regards to<br>General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability,<br>Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
| Umbrella coverage is follow form.  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
| 30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage.  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    | CANC  | CANCELLATION   |                            |   |                         |        |  |  |
| Kilwins Chocolates Franchsie, Inc.<br>Kilwin's Quality Confections Inc.  |  |                         |       |             |                    |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |                         |        |  |  |
|  |  |                         |       |             |                    |   |  |                            |   |                         |        |  |  |
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