

**BHART** 

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY)

01/12/2018

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.

th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				uch endo	rsement(s)		- require un em				
PRODUCER Olivier-VanDyk Insurance Agency, Inc. 2780 44th St SW Wyoming, MI 49519						CONTACT NAME: PHONE (C4C) 454 0000 FAX (C4C) 454						
						PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) E-MAIL ADDRESS:					454-7100	
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Citizens Insurance Company					31534	
INSURED						INSURER B:						
Aztaralum, LLC					INSURER C:							
	1303 Barley Mill Rd Greenville, DE 19807				INSURER	D :						
	0.00.110, 22 1000.				INSURER E :							
	V=0.4.0=0				INSURER	F:						
				E NUMBER:	LIAVE DEF	N ICCLIED		REVISION NU		UE DO	DI IOV DEDIOD	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	ON OF AN	Y CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS	
INSR TYPE OF INCUPANCE			SUBR				POLICY EXP (MM/DD/YYYY)			s		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	I OLIO I NOMBLIX	(MIM/DD/TTTT)		(WIW/DD/TTTT)	EACH OCCURRENCE \$			1,000,000	
	CLAIMS-MADE X OCCUR	Х	X	O7ID475020	C	1/10/2018	01/10/2019	DALLA OF TO DELITED		\$	500,000	
		-						MED EXP (Any one person)		\$	10,000	
								PERSONAL & AD\	/ INJURY	\$	1,000,000 2.000.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- JECT LOC									\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO		х	O7ID475020		01/10/2018	01/10/2019	BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	\GE	\$		
										\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	NCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE		X	O7ID475020		01/10/2018	01/10/2019	AGGREGATE		\$	1,000,000	
_	DED RETENTION \$								OTIL	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		.,	W2ID 475002		04/40/2049	04/40/2040	X PER STATUTE	OTH- ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		X	W2ID475003	"	11/10/2018	01/10/2019	E.L. EACH ACCIDE	ENT	\$	1,000,000 1,000,000	
								E.L. DISEASE - EA EMPLOYEE		\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	1,000,000	
DEC	CRIPTION OF OREDATIONS / LOCATIONS / VEHIC	LEC (	A CORI	2 101 Additional Remarks School	ulo mov bo s	attached if mor	o angga ia raguir	rod)				
Kilw	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ins Chocolates Franchise Inc. and Kilw	ins C	ualit	y Confections Inc. are add	litional ins	sured on a	orimary & no	n-contributory l	oasis with	regar	ds to general	
liabi	lity, auto liability and umbrella. Waiver	of SL	ıbrog	ation applies to general lia	ability, au	to liability a	and umbrella.	A 30 day notic	e of canc	ellatio	n applies.	
CERTIFICATE HOLDER						CANCELLATION						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 Bay View Rd Petoskey, MI 49770					AUTHORIZ	ZED REPRESE	NTATIVE				-	
. 5.55.163, 15.15					Rook, schart							