

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2019

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 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)

certific	ate holder in lieu of such endors	certain policies may require an e ement(s).	ndorsement. A statement on this certifi	cate does not confer ri	ghts to the		
PRODUCER			CONTACT David Markey				
MARKEY INSURANCE GROUP			PHONE (A/C, No, Ext): 770-640-1232 FAX (A/C, No): 770-640-1				
2650 HOLCOMB BRIDGE RD STE 730 ALPHARETTA GA 30022			E-MAIL ADDRESS: David@markeyinsurance.com				
			INSURER(S) AFFORDING CO	NAIC#			
			INSURER A: Hanover Insurance				
INSURED	2-924-1-1-7-21 13109: 33093		INSURER B:				
	Bridges Chocolatier LLC	######################################	INSURER C:				
	1025 Chasewood Trail		INSURER D:				
	Alpharetta GA 30005		INSURER E:				
001/50			INSURER F:				
COVERA		IFICATE NUMBER:	REVISION NUMBER:				
CERTIF EXCLUS	TED. NOTWITHSTANDING ANY REC	QUIREMENT, TERM OR CONDITION ERTAIN. THE INSURANCE AFFORD	VE BEEN ISSUED TO THE INSURED NAME OF ANY CONTRACT OR OTHER DOCUME ED BY THE POLICIES DESCRIBED HEREI BEEN REDUCED BY PAID CLAIMS.	NT WITH DESDECT TO W	JUICH THIS		
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY EFF POLICY EXP				

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	COMMERCIAL GENERAL LIABILITY			(11111111111111111111111111111111111111		EACH OCCURRENCE	\$	1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
	<del></del>		OBA-D600893-01	06/04/2019	06/04/2020	PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
_	POLICY PRO- JECT LOC						\$	
A	AUTOMOBILE LIABILITY		OBA-D600893-01	06/04/2019	06/04/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  AUTOS AUTOS AUTOS AUTOS					BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
А	X UMBRELLA LIAB X OCCUR		OBA-D600893-01	06/04/2019	06/04/2020	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,000
_	DED RETENTION\$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		W2A-D669816-00		09/06/2019	WC STATU- TORY LIMITS ER		
				09/06/2018		E.L. EACH ACCIDENT	\$	1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Kilwins Chocolates Franchise Inc, and Kilwins Quality Confections, Inc. are listed as additional insured on Primary and non Contributory basis with regards to General Liability, Automobile Liability and Umbrella, Waiver of Subrogation with regards to Worker's Compensation Employers liability, General Liability, automobile liability, Umbrella in favor of Kilwins Chocolates Franchise inc and Kilwins Quality Confections, inc.

CERTIFICATE HOLDER	CANCELLATION			
Kilwins Chocolates Franchise Inc Kilwins Quality Confections Inc 1050 Bay View Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Petoskey MI 49770	Authorized representative David Markey			

ACORD 25 (2010/05)