

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2020

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.

th	e te	RTANT: If the certificate holder rms and conditions of the policy cate holder in lieu of such endor	, cert	ain p	olicies may require an en							
PRODUCER							CONTACT David Markey					
The Markey Agency											640-1833	
2650 Holcomb Bridge Rd							E-MAIL ADDRESS: david@markeyinsurance.com					
Suite 740							INSURER(S) AFFORDING COVERAGE				NAIC #	
Alpharetta, GA 30022							INSURER A: HANOVER INSURANCE					
INSURED							INSURER B:					
BRIDGES CHOCOLATIER LLC						INSURER C:						
	dba: KILWINS OF ALPHARETTA						INSURER D:					
1025 CHASEWOOD TRAIL						INSURER E:						
		ALPHARETTA, GA 30005				INSURER F:						
CO	VER	AGES CEF	RTIFIC	CATE	NUMBER:		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.											WHICH THIS	
INSR LTR	TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			s			
A	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
					OBA-D600893-01	06/04/2020	06/04/2020	06/04/2021	PERSONAL & ADV INJURY	\$	1,000,000	
									GENERAL AGGREGATE	\$	2,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY PRO- JECT LOC								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$			
Α		ALL OWNED SCHEDULED AUTOS AUTOS			OBA-D600893-01		06/04/2020	06/04/2021	BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	X	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	1,000,000	
Α		EXCESS LIAB CLAIMS_MADE	ŀΑ		OBA-D600893-01		06/04/2020	06/04/2021	ACCRECATE	•	1.000.000	

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

W2A-D669816-00

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, Umbr ella in favo r of Kilwins Chocolates Franchise inc and Kilwins Quality Confections, inc.

N/A

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.					
Potoskey MI 49770	AUTHORIZED REPRESENTATIVE David Markey					

09/06/2020

09/06/2021

DED

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

1,000,000

1,000,000

1,000,000