OP ID: RH

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/18/2018

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.

this certificate does not confer rights to the certificate holder in lieu of su PRODUCER Koop & Burr Insurance 348 South Waverly Road							CONTACT Jose D. Mireles Jr							
														PHONE (A/C, No, Ext): 616-355-2920 FAX (A/C, No): 616-355-2966
							Holland, MI 49423 Jose D. Mireles Jr							
INSURER(S) AFFORDING COVERAGE					NAIC #									
INSURER A: Westfield Insurance Group					24112									
INSURED Another Direction LLC							INSURER B:							
DBA: Kilwins Grand Haven 101 Washington Ave Grand Haven, MI 49417							INSURER C:							
							INSURER D:							
							INSURE							
							INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:							
						RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INCLIDE			JE DA	JI ICA BEDIUD	
II C	IDICA ERTI	ATED. NOTWITHS	STANDING ANY RE ISSUED OR MAY	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUB.	RESPE	CT TO	WHICH THIS	
INSF LTR	TYPE OF INSURANCE			ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY) LIMITS					
A	Х				WVD			(WINTED/TTTT)	(WINWI/DD/1111)	EACH OCCURRENCE		\$	1,000,000	
		CLAIMS-MADE X OCCUR		Y		BOP5474662		04/04/2018	04/04/2019	DAMAGE TO DENITED		\$	100,000	
													10,000	
										MED EXP (Any one pe		\$	1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV IN		\$	2,000,000	
	GEN X									GENERAL AGGREGA		\$	2,000,000	
										PRODUCTS - COMP/0	OP AGG	\$	2,000,000	
	OTHER:									COMBINED SINGLE L	INALT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY							04/04/2018	04/04/2019	(Ea accident)	.IIVII I	\$	1,000,000	
		ANY AUTO				BOP5474662				BODILY INJURY (Per	person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per		\$		
	X	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
												\$		
Α		UMBRELLA LIAB OCCUR								EACH OCCURRENCE		\$	1,000,000	
		EXCESS LIAB	CLAIMS-MADE	Υ		BOP5474662		04/04/2018	04/04/2019	AGGREGATE		\$	1,000,000	
		DED X RETENTION\$ 0										\$		
Α	WOF	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER STATUTE	OTH- ER			
	ANY	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N		N/A		WCP5475378		04/04/2018	04/04/2019	E.L. EACH ACCIDENT		\$	1,000,000	
	OFFI (Man	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$			1,000,000	
	If yes									E.L. DISEASE - POLICY LIMIT \$			1,000,000	
	DES	CRIPTION OF OPERA	TIONS DEIOW							E.L. DISEASE - POLIC	Y LIIVIII	Ф		
				•		0 101, Additional Remarks Schedu			e space is requir	ed)				
list	ed a	s additional in	sured on Prima	aniu Irv a	nd N	in's Quality Confection Ion Contributory basis	with	aie						
req	ards	s to policies ind	dicated above.	Wai۱	er c	of Subrogation also ap	plies t	0						
abo	ve i	ndiacted polici	ies, 30 Day noti	ice is	inc	luded. Contents listed ints. Spoilage included	l abov	e Noo						
IIIC	uue	s renant impre	overnents and i	Jelle	,,,,,,	ints. Sponage included	<i>α</i> φ ι υ, υ	,00						
CE	RTIF	ICATE HOLDER	₹				CANO	CELLATION						
						1								
										ESCRIBED POLICIE				
							I IHE	EXPIRATION	N DAIL TH	EREOF, NOTICE	VVILL E	s⊨ D	ELIVERED IN	

Kilwins Chocolate FranchiseInc **Kilwins Quality ConfectionsInc**

1050 Bay View Rd

Petoskey, MI 49770

AUTHORIZED REPRESENTATIVE

Jose D. Mireles Jr