

**INSURANCE AGENCY:**  
KOOP & BURR INSURANCE  
348 S WAVERLY RD STE 220  
HOLLAND MI 49423-8101

**AGENCY PHONE #** 616-355-2920

**DATE OF MEMO:** 03/02/20

**NAMED INSURED:**  
ANOTHER DIRECTION LLC  
DBA KILWINS  
101 WASHINGTON AVE  
GRAND HAVEN MI 49417

**POLICY NO.:** BOP 5474662

**POLICY TERM:** 04/04/20 - 04/04/21

**COMPANY:** WESTFIELD NATIONAL INSURANCE

KILWINS CHOCOLATE FRANCHISE INC  
1050 BAY VIEW ROAD  
PETOSKEY MI 49770

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**RE: EVIDENCE OF INSURANCE -- ADDITIONAL INSURED NOTICE**

YOU ARE SHOWN AS AN ADDITIONAL INSURED ON THE POLICY SHOWN ABOVE FOR THE LIMITS DISPLAYED BELOW.

THIS NOTICE IS EVIDENCE THAT INSURANCE HAS BEEN ISSUED TO THE NAMED INSURED(S).

WE HAVE DISPLAYED BELOW THE NECESSARY INFORMATION FOR YOU. IF YOU DESIRE ANY ADDITIONAL INFORMATION, PLEASE CONTACT THE AGENCY SHOWN ABOVE AND THEY WILL SECURE IT FOR YOU FROM WESTFIELD INSURANCE.

**POLICY LIMITS:**

|   |             |
|---|-------------|
| LIABILITY AND MEDICAL EXPENSES                            | \$1,000,000 |
| MEDICAL EXPENSES (EACH PERSON)                            | \$10,000    |
| DAMAGE TO PREMISES RENTED TO YOU LIMIT (ANY ONE PREMISES) | \$100,000   |

Ohio Farmers Insurance Company Westfield Insurance Company  
Westfield National Insurance Company American Select Insurance Company  
Old Guard Insurance Company  
P.O. Box 5001  
One Park Circle  
Westfield Center OH 44251-5001

AD 8064 (1-92)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/23/2020

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

|   |  |                     |  |  |  |                                    |                        |
|---|--|---------------------|--|--|--|------------------------------------|------------------------|
| <b>PRODUCER</b><br>Koop & Burr Insurance<br>348 South Waverly Road<br>Holland, MI 49423<br>Jose D. Mireles Jr                     |  | <b>616-355-2920</b> |  | <b>CONTACT NAME:</b> Jose D. Mireles Jr<br><b>PHONE (A/C, No, Ext):</b> 616-355-2920<br><b>E-MAIL ADDRESS:</b> jmireles@koopburr.com |  | <b>FAX (A/C, No):</b> 616-355-2966 |                        |
| <b>INSURED</b><br>Another Direction Llc<br>Dba Kilwins<br>DBA: Kilwins Grand Haven<br>101 Washington Ave<br>Grand Haven, MI 49417 |  |                     |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : Westfield Insurance Company  |  |                                    | <b>NAIC #</b><br>24112 |
| INSURER B :   |  | INSURER C :         |  | INSURER D :  |  | INSURER E :                        |                        |
| INSURER F :   |  |                     |  |  |  |                                    |                        |

### COVERAGES CERTIFICATE 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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | BOP5474662    | 04/04/2020              | 04/04/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | BOP5474662    | 04/04/2020              | 04/04/2021              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | UMBRELLA LIAB<br>EXCESS LIAB<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           | X        | BOP5474662    | 04/04/2020              | 04/04/2021              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WCP5475378    | 04/04/2020              | 04/04/2021              | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                              |
|          |   |           |          |               |                         |                         | PROPERTY 395,000  |

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

Kilwins Chocolates Franchises LLC and Kilwin's Quality Confections Inc are listed as additional insured on Primary and Non Contributory basis with regards to policies indicated above. Waiver of Subrogation also applies to above indicated policies, 30 Day notice is included. Contents listed above includes Tenant Improvements and Betterments. Spoilage included \$10,000

### CERTIFICATE HOLDER

### CANCELLATION

|  |   |
|--|---|
| -----1<br><br>Kilwins Chocolate FranchiseInc<br>Kilwins Quality ConfectionsInc<br>1050 Bay View Rd<br>Petoskey, MI 49770 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Jose D. Mireles Jr |
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