

CERTIFICATE OF LIABILITY INSURANCE

OP ID: RH

DATE (MM/DD/YYYY) 10/08/2020

	- TELECATE OF LA	RILLIA INPORMIACE	10012020			
×	ACORD CERTIFICATE OF LIA	DIET CATE HO	I DER THIS			
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, CERTIFICATE DOES NOT CONSTITUT THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT	AND CONFERS NO RIGHTS UPON THE CERTIFICATE TO	E POLICIES			
_	THE PART AND A MATTER OF INFORMATION ONLY	AND COM LINE THE COVERAGE AFFORDED BY	UTUODIZED			
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION UNLY CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT BELOW. THIS CORPORTION OF PRODUCER, AND THE CERTIFICATE HOLDER.	EXTEND OR ACTOR THE ISSUING INSURER(S), A	UTHORIZED			
	CERTIFICATE DOES NOT AFFIRMATIVELY DOES NOT CONSTITUT	E A CONTRACT BETWEEN THE 10-1-1				
	DELOW THIS CERTIFICATE OF INSURANCE DOES NOT HOLDER		boonshar			
	BELOW. THIS CERTIFICATE OF INSURANCE BOLD THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ADDITIONAL INSURED provisions of the	pe enduised.			
	REPRESENTATIVE ON THE PROPERTY ON ALL INSURED, the P	colley(les) must have Abbriton an endorsement. A	statement on			
,	IMPORTANT: If the certificate holder is an Aportional and conditions of the	le policy, certain policies may require un office	·			
1	BELOW. THIS CERTIFICATE OF INSURANCE DOLD THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy (sees) must have ADDITIONAL INSURED provisions or be endorsed. If ALC NOT ADDITIONAL INSURED provisions or be endorsed. INSURED PROVISIONAL INSUR					
'	If SUBROGATION is not confer rights to the certificate flower in flow of the	contact Jose D. Mireles Jr	0000			
,	this certificate does not come rights 616-355-2920	CONTACT JOSE D. WITTERS OF FAX NAME: 616-355-2920 FAX (A/C, No): 616-	355-2900			
Ŀ	PROPILCER: "	No Cott				
	Koop & Burr Insurance	E-Mair. jmireles@koopburr.com				
10	348 South Wavery Road	AODRESS: 7	NAIC#			
п	Holland, MI 49423	INSURER(S) AFFORDING COVERAGE	18988			
١,	Jose D. Mireles Jr	INSURER A : Auto-Owners Insurance Company	24112			
١		INSURER A: AUTO-OWITERS INSURER B: Westfield Insurance Company	Z4114			
1		INSURER B : Westifeld Insurante				
t	WOULDED.	<u></u>				
1	INSURED Another Direction Lic	INSURER C:				
1	Dha Kilwins	INSURER D:	-			
1	Dba Kilwins DBA: Kilwins Grand Haven					
1	101 Washington Ave Grand Haven, MI 49417	INSURER E:				
1	Statin Lavour in account	INSURER F:				
		REVISION NUMBER:	DOLLOY DEBIOD			
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, INDICATED. NOTWITHSTANDING ANY PERIOD OR MAY PERIOD OR MAY PERIOD OR MAY PERIOD OR MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANT TERM OR CONDITION OF ANY CONTROL OF DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.					
	COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THER DOCUMENT WITH RESPECT TO WHITE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INDICATED. NOTWITHSTANDING ANY REQUIREMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INDICATE BY PAID CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. THE POLICY EFF. POLI					
	CCDTIFICATE MAT DE 1000E TOTO LA LA BOLIOTO LIMITS SHUVIN MOTEUR ET EN					
	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY)	1,000,000			
	T = T T T T T T T T T T T T T T T T T T					

CERTIFICATE NUMBER: THE POLICY PERIOD NAMED ABOVE FOR THE POLICY PERIOD THIS							
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF THE POLICY PE							
THIS	IS TO CERTIFY THAT THE POLICIES	CHIREM	ENT. TERM OR CONDITION OF AN	Y CONTRACT	DESCRIBED	HEREIN IS SUBJECT TO	ALL THE TERMS.
INDI	CATED. NOTWITHSTANDING ANY RE	PERTAIN	THE INSURANCE AFFORDED BY	DEDUCED BY F	PAID CLAIMS.		
CER	CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	POLICIES	S. LIMITS SHOWN MAY HAVE BEEN I	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	•
EXC	LUSIUNS AND CONDITION	ADDL SUE	BR POLICY NUMBER	(MM/DD/YYYY)	TWW/DD/AAAT		1,000,000
INSR LTR	TYPE OF INSURANCE	INSO WY	(D)	1	I	EACH OCCURRENCE	100,000
				4010212020	10/02/2021	PREMISES (Ea occurrence)	10,000
\ ^_	CLAIMS-MADE X OCCUR	x	5305005301	10/02/2020		MED EXP (Any one person)	· e · · · · · · · · · · · · · · · · · ·
1	CLAIMS-MADE [X]	^	Į.	ļ			\$ 1,000,000
		1 1		Į į	<u> </u>	PERSONAL & ADV INJURY	2,000,000
1 1		1 1				GENERAL AGGREGATE	2,000,000
1 +				1	1	PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER]	1	1		PRODUCTO GO.	[e
	X POLICY PRO- LOC	1 1		. 1		COMBINED SINGLE LIMIT	1,000,000
1 1	——————————————————————————————————————				Ŧ	(Ea accident)	s
1-1	OTHER:				10/02/2021		<u> \$</u>
A	AUTOMOBILE LIABILITY		5305005300	10/02/2020			s
	X ANY AUTO		000000	75 - 46 - 4		BODILY INJURY (Per accident)	
	OWNED AUTOS ONLY AUTOS	1.				PROPERTY DAMAGE (Per accident)	\$
1					Ì		\$
-1	AUTOS ONLY AUTOS ONLY	1 1	,			- A CURDENCE	s 1,000,000
						EACH OCCURRENCE	1.000,000
A	X UMBRELLA LIAB X OCCUR	THERES I A LIAB X OCCUR	-00F00E202	10/02/2020	0 10/02/2021	AGGREGATE	\$
	EXCESS LIAB CLAIMS-MA	DE X	5305005302	\	1	·	\$
	EXCESS CIAS					X PER OTH-	
	DED X RETENTIONS					L. I SIVIOIE	1,000,000
B	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP5475378	04/04/202	04/04/202	1 E.L. EACH ACCIDENT	1,000,000
	AND EMPLOYERS' LIABILITY Y					E.L. DISEASE - EA EMPLOYE	1,000,000
1	ANY PROPRIETOR/PARTNER/LXLOST	_] N/A	l l		!	E.L. DISEASE - POLICY LIMI	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1 1				E.L. DIOLNOL TO STATE	_
ļ	If yes, describe under DESCRIPTION OF OPERATIONS below			-	Ì	Ì	
<u> </u>	I DEGOSAL HOLE EL				1	ì	
- 1			\ \ \\	1			
- 1							
AND							
			ACCING TO L. AUGIUONO COM				

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 indiacted policies, 30 Day notice is included. Contents listed above includes Tenant Improvements and Betterments. Spoilage included \$10,000

		CANCELLATION
CERTIFICATE HOLDER	1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kilwins Chocolate Franchiselnc Kilwins Quality ConfectionsInc 1050 Bay View Rd		AUTHORIZED REPRESENTATIVE Jose D. Mireles Jr
Petoskey, MI 49770		© 1988-2015 ACORD CORPORATION. All rights reserved.