ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS SUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFRANKTIKLY ON RECATLCATE NO. CONTRACT: IT HE CERTIFICATE HOLDER. INFORMATION ON PROJECTIONAL INSURED, the policy (see) must have ADDITIONAL INSURED provisions or be endorsed. MIRCORTANT: IT HE CERTIFICATE HOLDER. INFORMATION ON PROJECTIONAL INSURED, the policy (see) must have ADDITIONAL INSURED provisions or be endorsed. MIRCORTANT: IT HE CERTIFICATE HOLDER. INFORMATION ON PROJECTIONAL INSURED, the policy (see) must have ADDITIONAL INSURED provisions or be endorsed. MIRCORTANT: IT HE CERTIFICATE HOLDER. VOID INSURE CERTIFICATE INSURANCE DISTINGTION ON PROVIDE PROV			11/15/2019											
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WATED, 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). Products Division Van Dyk Insurance Agency Important insurance Company Important	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													
His certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Producer Olivier-VanDyk Insurance Agency Zit Admitister SW Wyorning MI 49519 MassAve Sweets, LLC MassAve Sweets MassAve Sweets MassAve Sweets MassAve Sweets	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.													
Producest Olivier-VanDyk insurance Agency 2760 44th Street SW Construction Construction Construction Olivier-VanDyk insurance Agency 2760 44th Street SW Mission 2012														
Olivier-VanDyk Insurance Agency ZR0 44h Street SW Wyoming MI 49519 Image Street SW Wyoming MI 49519 Image Street SW MSSMEP Image Street SW MSSMEP<														
2780 44th Street SW I/26, be bit 10=43=0.000 I/26, be bit 10=43=0.000 Massaves Insurance Company 31534 Massaves Insurance Company 31534 Massaves Insurance Company 31534 Insurance Company 31534 Massaves Insurance Company 31534 Insurance Company 11252010 Insurance Company 100000 Insurance Company 11					NAME:									
Jobsess.cemindadesgovinnungen colming Jobsess.cemindadesgovinnungen colming Notess.cemindadesgovinnungen colmical statute Notess.cemindadesgovinn	2780 44th Street SW						(A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100							
Insurer Insurer <t< td=""><td colspan="6">Wyoming MI 49519</td><td colspan="6">ADDRESS: certificates@ovdinsurance.com</td></t<>	Wyoming MI 49519						ADDRESS: certificates@ovdinsurance.com							
INSURED MASSAVE-01 INSURER 8: Insurer 0: MASS AVE SWeets, LLC 7061 Tremont Dr Bargersville IN 46106 INSURER 0: Insurer 0: Insurer 0: MSURER 0: INSURER 1: INSURER 1: Insurer 0: Insurer 0: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: COVERAGES CENTIFICATE NUMBER: INSURER 1: INSURER 1: INSURER 1: COVERAGES CENTIFICATE NUMBER: INSURER 1: INSURER 1: INSURER 1: COVERAGES CENTIFICATE NUMBER: INSURER 1: INSURER 1: INSURER 1: INSURER 1: NOTWITH RESPECT TO WHICH THE STRUCK YBR INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURE 1: INSURE 1: </td <td colspan="6"></td> <td colspan="6"></td>														
INJUST AVE SWeets, LLC 7061 Tremont Dr Bargersville IN 46106 Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Imsure R :: Insure R :: Imsure R :: Imsure R :: Imsure R :: Insup R :: Imsure R :: Imsup							INSURER A : Citizens Insurance Company 31534							
Total Tremont Dr Bargersville IN 46106 Insures c: Insures r: COVERAGES Insures c: Insures r: COVERAGES COVERAGES CERTIFICATE NUMBER: 1995404270 REVISION NUMBER: CIUCY PERIOD INDICATED. NOTITIFISTANCE ANY REQUISION ANY RECEIPTED R	INCONED					INSURER B :								
Insurer E: Insurer E: Insurer F: I						INSURER C :								
COVERAGES CERTIFICATE NUMBER: 1996404270 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME DAROVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, SUBJECT TO ALL THE TERMS, THY OF INSURANCE AFRODED BY THE POLICIES DESCRIED HEREIN ISSUED TO THE INSURED TO ALL THE TERMS, THY OF INSURANCE AFRODED BY THE POLICIES DESCRIED HEREIN ISSUED TO THE INSURED TO ALL THE TERMS, THY OF INSURANCE AFRODED BY THE POLICIES DESCRIED HEREIN ISSUED TO ALL THE TERMS, THY OF INSURANCE AFRODED BY THE POLICIES DESCRIED HAREIN ISSUED TO ALL THE TERMS, THY OF INSURANCE AFRODED BY THE POLICIES DESCRIED HAREIN ANDONNAME ANDONNAME A VICE OF INSURANCE AFRODED THY OF INSURANCE THY OF INSURANCE AFRODED THY OF INFORMATION AFRODED THY OF INFORMATION AFRODED AFRODED THY OF INFORMATION AFRODED THY OF INFORMATION AFRODED	Barg	ersville IN 46106				INSURE	RD:							
COVERAGES CERTIFICATE NUMBER: 1995404270 REVISION NUMBER: THIS IS TO DERTIFY THAT THE POLICIES OF INSURANCE AFOR THAVE BEEN ISSUED TO THE INSURENT WITH RESPECT TO WHICH THIS SCHOOLSY FOR THE POLICY PERIOD. COUNTRACT ON THE RODUCEND STORE AT THE STARD OCUMENT WITH RESPECT TO WHICH THIS SCHOOLSY FOR THE POLICY PERIOD. CERTIFICATE MAY BE ISSUED OR MAY PERIDINA TO E NULLY NUMBER. OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCHOOLSY PERIOD. COUNTRACT OR THE RODUCENT WITH RESPECT TO WHICH THE TERMS. REVISION NUMBER. MAD SUCH POLICY SET OR DUC TO ALL THE TERMS. EACH OCCURRENCE \$1.000.000 LINT APPLES PERT. POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER VIEW AGREGATE LIMIT APPLES PER: POLICY NUMBER POLICY NUMBER \$1.000.000 VIEW AGREGATE LIMIT APPLES PER: COUNT SCENE \$1.000.000 PERSONAL AGREGATE LIMIT APPLES PER: \$1.000.000 VIEW AGREGATE LIMIT APPLES PER: COUNT SCENE COUNT SCENE \$1.000.000 PERSONAL AGREGATE SCENE \$1.000.000 VIEW OWNER A TO OWNER COUNT SCENE COUNT SCENE \$1.000.000 SCENE POLICY SCENE \$1.000.000 VIEW OWNER SCHEDULED AUTO SCENE SCHEDULED SCHEDULED SCHEDULED SCH						INSURE	RE:							
THIS TO CERTEY THAT THE FOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED OT HEN INSURED NAMED ABOVE FOR THE POLICY EMENDION OF ANY CONTRACT OR OTHER SOCIENT MESPECT TO ALL THE TERMS, ECRITICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. NINK TYPE OF INSURANCE ADDISUBAR PERTAIN, THE INSURANCE AFFORED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. NINK TYPE OF INSURANCE ADDISUBAR POLICY NUMBER INDUCY EMP PAID CLAMS. NINK TYPE OF INSURANCE ADDISUBAR POLICY NUMBER INDUCY EMP PAID CLAMS. NINK A X COMMERCIAL GENERAL LIABILITY ODID/65526 11/25/2019 11/25/2020 EACH OCCURRENCE \$1.000,000 GENERAL AGREGATE LIANT APPLIES PER: ODID/65526 11/25/2019 11/25/2020 GENERAL AGREGATE E 3,000,000 A AUTOMOBILE LIANT X ODID/65526 11/25/2019 11/25/2020 GENERAL AGREGATE E 3,000,000 A AUTOMOBILE LIANT X ODID/65526 11/25/2019 11/25/2020 GENERAL AGREGATE E 3,000,000 A AUTOMOBILE LIANT X AUTOS ONLY AUTOS ONLY AUTOS ONLY S GENERAL AGREGATE E 3,1000,000 A AUTOMOBILE LIANT X AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						INSURE	RF:							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. INR AX COMMERCIAL GREERAL LIABILITY POLICY NUMBER (MADDDVYYY) (MADDDVYYY) LIMITS A X COMMERCIAL GREERAL LIABILITY ODID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$10,000 GENT AGGREGATE LIMIT APPLIES PER: ODID765526 11/25/2019 11/25/2020 GOMENDE SINGLE LIMIT S 1,000,000 GENT AGGREGATE LIMIT APPLIES PER: ODID765526 11/25/2019 11/25/2020 GOMENDE SINGLE LIMIT S 1,000,000 A AUTOMOBILE LIABULTY ODID765526 11/25/2019 11/25/2020 GOMENDE SINGLE LIMIT S 1,000,000 A AUTOMOBILE LIABULTY ODID765526 11/25/2019 11/25/2020 GOMENDE SINGLE LIMIT S 1,000,000 A AUTOMOGNEE LIABULTY AUTOS ONLY AUTOS ONLY AUTOS ONLY S GODUCY NUMPY (PER paced N) \$ A AUTOMOGNEE LIABULTY AUTOS ONLY AUTOS ONLY AUTOS ONLY S GODUCY NUMPY (PER paced N) \$ A AUTOMOGNEE LIABULTY AUTOS ONLY AUT				-										
IT TYPE OF INSURANCE INSD W/D POLICY NUMBER (MMDDDYYYY) (MMDDYYYY) (MMDYYYY) (MDDYYYY) (MDYYYY) (MDYYYY) (MDYYYY) (MDYYYY) (MDYYYY) (MDYYYY) (MDY	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.													
CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CHAINS-MADE X OCCUR CENT_AGGREGATE LIMIT APPLIES PER: PRODUCY PRODUCY JECT COULY JECT ODID/765526 11/25/2019 A AUTOMOBILE LIABILITY ODID/765526 A AUTOMOBILE LIABILITY ODID/765526 A WAY AUTO SCHEDULED OWNED SONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY A MORGE COMPORAGE S 2000.000 PRODUCY IS COMPORAGE S 2000.000 POPERTY DAMAGE \$ BODILY INURY (Per person) \$ BODILY NURY (Per person) \$ <td></td> <td>TYPE OF INSURANCE</td> <td></td> <td></td> <td>POLICY NUMBER</td> <td></td> <td>POLICY EFF (MM/DD/YYYY)</td> <td></td> <td>LIMIT</td> <td>S</td> <td></td>		TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	S				
A UMBRELALIAB X ODID765526 11/25/2019 11/25/2020 EACH OCCURENCE LIMIT A VMORE SCHEDULED SCHEDULED SCHEDULED SCHEDULED SCHEDULED A NUTONOBILE LABLITY ODID765526 11/25/2019 11/25/2020 COMENTE SNAL & SCHEDULED SCHEDULED A WORKER SCHERE SCHEDULED SCHEDULED SCHEDULED SCHEDULED SCHEDULED A WORKER SCHERE SCHEDULED AUTOS ONLY X AUTOS ONLY SCHEDULED SCHEDULED A WORKER SCHERE SCHEDULED SCHEDULED SCHEDULED SCHEDULED A WORKER SCHERE SCHERE <td< td=""><td></td><td></td><td></td><td></td><td>ODID765526</td><td></td><td>11/25/2019</td><td>11/25/2020</td><td>DAMAGE TO RENTED</td><td>• •</td><td>,</td></td<>					ODID765526		11/25/2019	11/25/2020	DAMAGE TO RENTED	• •	,			
A AUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2019 11/25/2020 COMBINED SINGLE LIMIT \$1.000.000 ANY AUTO SCHEDULED AUTOS ONLY X NON-CWNED \$1.000.000 A AUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2020 COMBINED SINGLE LIMIT \$1.000.000 ANY AUTO AUTOS ONLY AUTOS ONLY AUTOS ONLY NON-CWNED \$1.000.000 X HIRE COLLED AUTOS ONLY X AUTOS ONLY \$1.000.000 X HIRE COLLED AUTOS ONLY X NON-CWNED \$ A V UMBRELLA LIAB CCCUR CLAIMS-MADE \$ \$ A V UMBRELLA LIAB CCCUR CLAIMS-MADE \$ \$ A NON-CWNED AUTOS ONLY X NON-CWNED \$ \$ A NON-CWNED AUTOS ONLY X NON-CWNED \$ \$ A NON-CWNED CCLUMS-MADE ODID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$ 1.000.000 EXCEPS LIAB CLAIMS-MADE CLAIMS-MADE \$ \$ \$ <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>														
GEVL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2.000,000 OULCY PRO- OTHER: GENERAL AGGREGATE \$ 2.000,000 A AUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2020 COMBINED SINCLE LIMIT \$ 1.000,000 A NUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2020 COMBINED SINCLE LIMIT \$ 1.000,000 A NUTOS ONLY NON-OWNED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY BODILY INURY (Per acident) \$ A VMBRELLA LIAB OCCUR ODID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$ 1.000,000 Excess LIAB OLAIMS-MADE ODID765526 11/25/2019 11/25/2020 AGREGATE \$ 1.000,000 A WORKERS COMPENSATION AND EMALOPERS LIABILITY W2ID765507 11/25/2019 11/25/2020 X EACH OCCURRENCE \$ 1.000,000 A WORKERS COMPENSATION AND EMALOPERS LIABILITY W/A W2ID765507 11/25/2019 11/25/2020 X ER \$ 1.000,000 EL. EACH ACCIDENT \$ 1.000,000 EL. DISEASE - DALICY ELS \$ 1.000,000 EL. DISEASE - POLICY LIMIT \$ 1.000,000									· · · · ·					
A AUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2020 CMBINED SINGLE UNURY (Per person) \$ A AUTOMOSINUE SCHEDULED AUTOS ONLY X NON-OWNED SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED BODILY INJURY (Per person) \$ BODILY INJURY (Per person) S BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ A X MORENES COMPRESTORMAGE \$ A K MORENES COMPRESTORMAGE \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ A K MORENES COMPRESTORMAGE \$ \$ A WORKERS COMPRESTORMENT NO.000 AGGREGATE \$ A WORKERS COMPRESTORMARTING W2ID765507 11/25/2019 11/25/2020 X PERTURE EL CH ACCIDENT \$ A WORKERS COMPARTINGRATING AGGREGATE N/A N/A PERTURE \$ \$ EL. DISEASE - EA EMPLOYEE \$ 1.000.000 EL DISEASE - FORTONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ 5.000.000 EL. DISEA									GENERAL AGGREGATE	\$ 2,000	,000			
A AUTOMOBILE LABILITY ODID765526 11/25/2019 <td></td> <td>POLICY PRO-</td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td>PRODUCTS - COMP/OP AGG</td> <td colspan="2">• • •</td>		POLICY PRO-							PRODUCTS - COMP/OP AGG	• • •				
A AUTOMOBILE LIABILITY ODID765526 11/25/2019 11/25/2020 COMBINED SINGLE LIMIT BODILY INUURY (Per person) \$ 1.000,000 ANY AUTO AUTOS ONLY X AUTOS AUTOS ONLY X AUTOS NON-WNED AUTOS ONLY SCHEDULED AUTOS ONCOUTOS AUTOS ONLY <														
Average Average BoolLY INJURY (Per person) Science A X UMBRELLA LIAB X OCCUR BOOLT INJURY (Per accident) Science A X UMBRELLA LIAB X OCCUR CLAIMS-MADE Science Science BOD RETENTION S CLAIMS-MADE ODI/765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$1,000,000 A WORKERS COMPENSATION CLAIMS-MADE ODI/765526 11/25/2019 11/25/2020 X PERCHOCCURRENCE \$1,000,000 A WORKERS COMPENSATION VANPROPRIETOR/PARTNER/EXECUTIVE V/N N/A W2ID765507 11/25/2019 11/25/2020 X PERCHOCURRENCE \$1,000,000 CHARGE COMPENSATION N/A W2ID765507 11/25/2019 11/25/2020 X PERCHOCURES (JAGONO) EL. EACH ACCIDENT \$1,000,000 If vestige and the output of the output o	A				ODID765526		11/25/2019	11/25/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY A AUTOS ONLY X MONOWNED AUTOS ONLY S A X UMBRELLA LIAB X OCCUR ODID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$ 1,000,000 A X UMBRELLA LIAB X OCCUR ODID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$ 1,000,000 A WORKERS COMPENSATION Autor Scotter Unit Y N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE ETH ANYPROPRIETOR/PARTNERXER/CUTIVE Y/N N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE ETH ANYPROPRIETOR/PARTNERXER/CUTIVE Y/N N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE S 1,000,000 I besorie under N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE S 1,000,000 I besorie under N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE S 1,000,000 I besorie u		ANY AUTO								\$				
X HIRED NON-OWNED X NON-OWNED X PROPERTY DAMAGE \$ A X UMBRELLA LIAB X OCCUR CLAIMS-MADE \$ A DED RETENTION \$ CLAIMS-MADE CLAIMS-MADE \$ A A GREGATE \$ 1,000,000 MORENESS COMPENSATION NAD EMPLOYERS' LIABILITY VILIABILITY Y/N \$ \$ \$ A WORKERS COMPENSATION WOLDOFFICTOR/PARTNERERECUTIVE Y/N \$ \$ \$ \$ A WORKERS COMPENSATION N/A W2ID765507 11/25/2019 11/25/2020 X PER OFECTOR/PARTNERERECUTIVE \$ \$ MAY DEMPLOYERS' LIABILITY Y/N N/A W2ID765507 11/25/2019 11/25/2020 X PER OFECTOR/PARTNERERECUTIVE \$ \$ MAY DEMPLOYERS' LIABILITY N/A N/A W2ID765507 11/25/2019 11/25/2020 X PER OFECTOR/PARTNERERECUTIVE \$ \$ MAY DEMPLOYERS' LIABILITY N/A N/A W2ID765507 11/25/2019 11/25/2020 X PER OFECTOR/PARTNERERECUTIVE \$ \$<									BODILY INJURY (Per accident)	\$				
A X UMBRELLA LIAB X OCCUR EACH OCCURENCE \$1,000,000 EXCESS LIAB CLAIMS-MADE 0DID765526 11/25/2019 11/25/2020 EACH OCCURRENCE \$1,000,000 A WORKERS COMPENSATION N/AD W2ID765507 11/25/2019 11/25/2020 X PER A WORKERS COMPENSATION W2ID765507 11/25/2019 11/25/2020 X STATUTE ER ANYPROPRIETOR/PARTNERXEECUTIVE VI N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE EL EACH ACCIDENT \$1,000,000 OFFICER/MEMBER EXECUTIVE VI N/A W2ID765507 11/25/2019 11/25/2020 X STATUTE EL EL ACH ACCIDENT \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 1000,000 EL DISEASE - POLICY LIMIT \$1,000,000 SUBTOGUTE AVE, INSTANCE SUBTOG		X HIRED X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$				
EXCESS LIAB CLAIMS-MADE DED RETENTION \$ A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANVERPORTERS' LIABILITY V/I AND EMPLOYERS' LIABILITY (Mandatory in NH) V/I If yes, describe under DESCRIPTION OF OPERATIONS / UCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.									(\$				
Image: Deb Retentions Retentions Image: Deb Retentins Image: Deb Retentins	A	X UMBRELLA LIAB X OCCUR			ODID765526		11/25/2019	11/25/2020	EACH OCCURRENCE	\$ 1,000,000				
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANDYPARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N OFFICER/MEMBER EXCLUDED? N / A Modatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 11/25/2019 11/25/2020 X PER STATUTE 000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$1,000,000 Constrained in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000,000				
AND EMPROPRIETOR OR ARTINER/EXECUTIVE Y/N ANYPROPRIETOR/PARTINER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS / DECATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. 30 day notice of cancellation applies.		DED RETENTION \$								\$				
ANYPROPRIETOR/PARTNER/EXECUTIVE I/I N/A OFICER/MEMBER EXCLUDED? I/I N/A If yes, describe under E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 State State B.SCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. 30 day notice of cancellation appl	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				W2ID765507		11/25/2019	11/25/2020	X PER OTH- STATUTE ER					
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.									E.L. EACH ACCIDENT	\$ 1,000,000				
If yes, describe under E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$ 300 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.		yes, describe under												
530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.											-			
530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.														
530 Massachusetts Ave, Indianapolis, IN 46204 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.														
Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.														
subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 day notice of cancellation applies.	530 Massachusetts Ave, Indianapolis, IN 46204													
CERTIFICATE HOLDER CANCELLATION														
CERTIFICATE HOLDER CANCELLATION														
CERTIFICATE HOLDER CANCELLATION														
CERTIFICATE HOLDER CANCELLATION														
CERTIFICATE HOLDER CANCELLATION														
	CERTIFICATE HOLDER					CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE														
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.														
Kliwins Chocolates Franchise Inc.														
NIWINS QUAINTY CONNECTIONS INC.	Kilwins Quality Confections Inc. 1050 Bay View Rd					AUTHORIZED REPRESENTATIVE								
Petoskey MI 49770	Petoskey MI 49770					Qaak. id land								
Beckyttert							Danithman							
© 1988-2015 ACORD CORPORATION. All rights reserved														

The ACORD name and logo are registered marks of ACORD