

**BROBINSON** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/7/2022

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 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).										
PROD				CONTACT NAME:						
	Insurance 44th St SW			PHONE (A/C, No, Ext): (616) 531-1900 FAX (A/C, No): (616) 5					574-3317	
	dville, MI 49418			E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE					NAIC #	
				INSURER A: Selective Insurance Company					39926	
INSURED						INSURER B:				
	KTY LLC & BKTY LLC			INSURE						
	4845 Corporate Exchange B	E		INSURER D:						
	Grand Rapids, MI 49512			INSURE						
				INSURER F:						
cov	ERAGES CER	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.										
NSR LTR	TYPE OF INSURANCE	PE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF POLICY EXP LIMITS				
Α	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
L	CLAIMS-MADE X OCCUR	Х	Х	S 2498611		3/1/2022	3/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
		1								4 000 000

INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	COMMERCIAL GENERAL LIABILITY				······	,,,,,,	EACH OCCURRENCE	\$ 1,000,00			
	CLAIMS-MADE X OCCUR	Х	Х	S 2498611	3/1/2022	3/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00			
							MED EXP (Any one person)	\$ 10,00	0		
							PERSONAL & ADV INJURY	\$ 1,000,00	0		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,00	0		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00	0		
	OTHER:							\$			
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	0		
	X ANY AUTO	Х	Х	S 2498611	3/1/2022	3/1/2023	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
								\$			
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,00	0		
	EXCESS LIAB CLAIMS-MADE	X		S 2498611	3/1/2022	3/1/2023	AGGREGATE	\$ 1,000,00	0		
	DED X RETENTION\$ 0							\$	٦		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 9103397	3/1/2022	3/1/2023	E.L. EACH ACCIDENT	\$ 1,000,00	0		
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00	0		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00	0		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Kilwins Chocolates Franchise, Inc. is listed as additional insured on a primary and non-contributory basis relative to general, auto, and umbrella liability per the insured's policy form. Waiver of subrogation applies to general, auto, umbrella liability and worker's compensation in favor of the additional insured. 30 days' notice provided in the event of cancellation except for 10 days' notice provided for non-payment per insured's policy form.

CERTIFICATE HOLDER	CANCELLATION				
Kilwins Chocolates Franchise, Inc. 1050 Bay View Road 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.				
	AUTHORIZED REPRESENTATIVE  JUMPS				