

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/9/2019

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).												
PRODUCER						CONTACT NAME:						
Olivier-VanDyk Insurance Agency					PHONE (A/C, No, Ext): 616-454-0800 (A/C, No): 616-454-7100							
2780 44th Street SW					(A/C, No, Ext): 010-454-7100 (A/C, No): 010-454-7100 E-MAIL							
Wyoming MI 49519												
						INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED L&WBYTH-01						INSURER A : Massachusetts Bay					22306	
L&WBYTH-01 L&W By The Colony, LLC					INSURER B:							
4989 62nd Ave S					INSURER C:							
Saint Petersburg FL 33715					INSURER D:							
					INSURER E :							
					INSURER F:							
COVERAGES CER				NUMBER: 988648720	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 POLICY EFF POLICY EXP												
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ODI H067773		10/8/2019	10/8/2020	EACH OCCURRENT	ED	\$ 1,000 \$ 300,0		
	CLAIMS-MADE // OCCUR	CLAIMS-MADE A OCCUR						PREMISES (Ea occ MED EXP (Any one	\$ 10,00			
								PERSONAL & ADV		\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$ 2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$2,000		
								PRODUCTS - COM	F/OF AGG	\$ 2,000	,000	
Α	OTHER: AUTOMOBILE LIABILITY			ODI H067773		10/8/2019	10/8/2020	COMBINED SINGLE	LIMIT	\$1,000	000	
, ,		ANY AUTO		OBITIOOTTTO		10/0/2013	10/0/2020	(Ea accident) BODILY INJURY (P	er nerson)	\$,,,,,,	
	OWNED SCHEDULED	NED SCHEDULED						` ' '		\$		
	X HIRED X NON-OWNED							PROPERTY DAMAG	· / I	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR			ODI H067773		10/8/2019	10/8/2020	540U 000UBB5U	0.5	-	000	
, ,	EXOCOLUAD COCOLU	XCESS LIAB CLAIMS-MADE		55111007770		10/0/2013	10/0/2020	AGGREGATE \$1,000,000 \$1,000,000				
	CLAIIVIS-WADE							AGGREGATE			,000	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY Y / N											
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A								\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 5752 Grandscape Blvd, The Colony, TX 75056 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured on a primary & non-contributory basis in regards to general liability, auto liability & umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. A 30 day notice of cancellation applies.												
CERTIFICATE HOLDER						CANCELLATION						
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1050 Bay View Rd Petoskey MI 49770					AUTHORIZED REPRESENTATIVE							
	1 Stockey Wil Tollo	Rockustant										