

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2024

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): 010-434-0000 (A/C, No): 010-434-7100 E-MAIL						
Wyoming MI 49519						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Citizens Ins Co Of Amer				31534	
INSURED BCLREAL-01						INSURER B:					
BCL Realty Group, LLC											
1880 Willshire Glen					INSURER C:						
Alpharetta GA 30009					INSURER D:						
					INSURER E:						
COVEDACES OFFICIATE NUMBER: 047040470					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 917216173						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.											
			POLICIES. LIMITS SHOWN MAY HAVE ADDL SUBR			POLICY EFF	POLICY EXP				
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
Α	X COMMERCIAL GENERAL LIABILITY	Υ	Y	O7IH426317		11/10/2023	11/10/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 500,0		
								MED EXP (Any one person)	\$ 10,00		
	X Primary/NonContr							PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
Α	OTHER: AUTOMOBILE LIABILITY	Y	Y	07111400047		44/40/0000	44/40/0004	COMBINED SINGLE LIMIT	\$ 1,000	000	
A	ANY AUTO	,	'	O7IH426317		11/10/2023	11/10/2024	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	,000	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$		
A	X UMBRELLA LIAB X OCCUR	Y	Y	07111406247		44/40/2022	11/10/2021				
^	- EXOCOCK		'	O7IH426317		11/10/2023	11/10/2024	EACH OCCURRENCE	\$ 5,000		
	CLAIWS-WADL							AGGREGATE	\$ 5,000	,000	
A	DED RETENTION \$ WORKERS COMPENSATION		Y	W2IH578392		5/10/2024	5/10/2025	X PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N		ļ '	WZII 137 0392		3/10/2024	3/10/2023		* 4 000	000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. EACH ACCIDENT	\$ 1,000		
								E.L. DISEASE - EA EMPLOYEE			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (#	CORD	101. Additional Remarks Schedu	le. may be	e attached if more	e space is require	ed)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 450 Chambers St, Woodstock, GA 30188											
30 day notice of cancellation											
CERTIFICATE HOLDER						CANCELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770						AUTHORIZED REPRESENTATIVE					