PILMETH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2017

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.

lf th	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	ct to o the	the certi	terms and conditions of ificate holder in lieu of su	ich endorsement(s	ı policies may s).	require an endorse	nent. A	4 statement on	
PRO	DUCER			CONTACT NAME: PHONE (724) 741 0044 FAX (734) 741 1950						
Hylant - Southeast Michigan					PHONE (A/C, No, Ext): (734) 741-0044 FAX (A/C, No):			No) (73	(734) 741-1850	
	Frank Lloyd Wright Dr, Ste J4100 Arbor, MI 48105		E-MAIL ADDRESS: annarbor@hylant.com							
			INSURER(S) AFFORDING COVERAGE				NAIC #			
			INSURER A: Selective Insurance Co of SE				39926			
INSU	JRED	INSURER B : Selective Insurance Co of SC				19259				
Pollyanna's Confectionary Shop					INSURER C:					
	152 Butler St				INSURER D:					
Saugatuck, MI 49453					INSURER E:					
					INSURER F:					
CO	VERAGES CER	TIFI	CATE	NUMBER:		REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF ANY CONTR. DED BY THE POLI	ACT OR OTHER CIES DESCRIB	R DOCUMENT WITH RE ED HEREIN IS SUBJE	SPECT	TO WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)					
A	COMMERCIAL GENERAL LIABILITY		WVD	TOLIOT NOMBER	02/02/2017) (MM/DD/YYYY)	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE OCCUR			S 1933074		02/02/2018	DAMAGE TO RENTED PREMISES (Ea occurrence		300,000	
							MED EXP (Any one person		10,000	
							PERSONAL & ADV INJUR		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- LOC						PRODUCTS - COMP/OP A	GG \$	3,000,000	
	OTHER:							\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO		S 1933074	S 1933074	02/02/2017	02/02/2018	BODILY INJURY (Per pers	on) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accid	dent) \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	UMBRELLA LIAB OCCUR			S 1933074	05/04/2017	02/02/2018	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			3 1933074		02/02/2010	AGGREGATE	\$		
В	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				02/02/2017		▼ PER OT	* H-		
				WC 7973881		02/02/2018	X PER OT ER		1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		10 1010001	02,02,2011	02/02/2010	E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLO		1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LI	VIII \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ile, may be attached if m	ore space is requi	red)			
	Kilwins Chocolates Franchise, Inc.and listed as Additional Insured on Primary of Subrogation with regards to Worker Chocolates Franchise, Inc and Kilwin's	and s' Co	Non- mper	Contributory basis with regression/Employers Liability,	ards to General Lia					
CF	RTIFICATE HOLDER				CANCELLATION	ı				
<u> </u>					-/ VELLATION	•				

ACORD 25 (2016/03)

Kilwin's Chocolates Franchise Inc **Kilwins Quality Confections INc**

1050 Bay View Road Petoskey, MI 49770

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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