





ONE TOWER SQUARE  
HARTFORD, CT 06183

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 ( A)

POLICY NUMBER: (IHUB-7K43168-4-18)

CHANGE EFFECTIVE DATE: 03-08-18

NCCI CO CODE: 13439

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

INSURED'S NAME: EDS DELIGHT

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM	\$ 250	RETURN PREMIUM	\$ NIL
ADDITIONAL NON-PREMIUM	\$ NIL	RETURN NON-PREMIUM	\$ NIL

Item 3.C. (OTHER STATES INSURANCE:) of the Information Page has been amended to include the following states:

AL AZ AR CA CO CT DE DC GA ID IL IN IA KS KY  
LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY  
NC OK OR PA RI SC SD TN TX UT VT VA WV WI HI

The following endorsement charge is added to the schedule:

STATE OF FL  
LOCATION 001 01

WAIVER OF SUBROGATION  
SEE ENDT WC 00 03 13 (00)-001

CLASSIFICATION	CODE	PREM. BASIS	RATE	ESTIMATED ANNUAL PREMIUM
SPECIFIC WAIVER				
SEE ENDT. WC 00 03 13 (00)				
KILWINS CHOCOLATE FRANCHISE				
INC. WAIVER CALCULATION IS				
BASED ON CLASS CODE(S) PREMIUM				
DATE OF ISSUE: 03-15-18	MA CHANGE NO: 001	PAGE 001	OF MORE	
POL. EFF. DATE: 03-08-18	POL. EXP. DATE: 03-08-19			
OFFICE: PAYROLL	70A			
PRODUCER: PAYCHEX INS AGENCY INC		SV996		

COUNTERSIGNED AGENT



ONE TOWER SQUARE  
HARTFORD, CT 06183

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 03 13 (00)-01**

POLICY NUMBER: (IHUB-7K43168-4-18)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**SCHEDULE**

**DESIGNATED PERSON:**

**DESIGNATED ORGANIZATION:**

KILWINS CHOCOLATE FRANCHISE INC.  
1050 DAY VIEW WARD  
PETOSKEY, MI 49770

DATE OF ISSUE: 03-15-18

ST ASSIGN: