

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2023

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.

ı	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).											
PRO			.o tile	CCIT	incate notaer in nea or st	CONTACT David Listanias						
Roy H. Liskey, Inc							PHONE OCCUPANTAL FAX OCCUPANTAL					
PO Box 84							(A/C, No): 269-983-1922 E-MAIL ADDRESS: carol@liskey.net					
	20,											
 Sai	nt J	oseph			MI 49085	INSURER A: Auto-Owners Insurance Company				18988		
INSURED							INSURER B:					
		Gold Coast Confections LL	_C			INSURER C:						
31853 Edwards Dr							INSURER D :					
Dowagiac MI 49047							INSURER E :					
							INSURER F:					
CO	/FF	RAGES CER	TIFIC	CΔTF	NUMBER: 2023062312							
	COVERAGES CERTIFICATE NUMBER: 20230623122048633-1 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												
		IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH								THE TERMS,		
INSR	COL		ADDL	SUBR		POLICY EFF POLICY EXP						
LTR		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD WVD POLICY NUMBER			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
									EACH OCCURRENCE \$ DAMAGE TO RENTED			
		CLAIMS-MADEOCCUR							PREMISES (Ea occurrence) \$			
									MED EXP (Any one person) \$			
									PERSONAL & ADV INJURY \$			
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
		OTHER:							\$ COMPINED SINGLE LIMIT			
	AU.	TOMOBILE LIABILITY ¬							COMBINED SINGLE LIMIT (Ea accident) \$			
		ANY AUTO							BODILY INJURY (Per person) \$			
		OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
									\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
		DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								PER OTH- STATUTE ER			
A				Y	A106608085		06/23/2023	06/23/2024	E.L. EACH ACCIDENT \$ 1,	000,000		
l '`	(Mai	ndatory in NH)	N/A		71100000000		00/20/2020	00/20/2021	E.L. DISEASE - EA EMPLOYEE \$ 1,	000,000		
	DES	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,	000,000		
DES	RIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
Wa	iver	of Subrogation with regards to Wor	kers'	Com	pensation/Employers Liabil	ity in fa	vor of Kilwin's	s Quality Con	fections Inc.			
30	day	notice of cancellation or non-renew	al will	be p	rovided to the certificate ho	older or	all coverage	s.				
<u> </u>												
CERTIFICATE HOLDER CANCE								CANCELLATION				
Kilwin's Quality Confections Inc. 1050 Bay View Drive									ESCRIBED POLICIES BE CANCEI			
									EREOF, NOTICE WILL BE DI BY PROVISIONS.	-FIVENED IN		
Petoskey MI 49770							AUTHORIZED REPRESENTATIVE //					
							(and mechaels)					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/23/2023

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 Double liston has						
l							10 110 1						
Roy H. Liskey, Inc							E-MAIL						
PO Box 84							ADDRESS: Calorellskey.riet						
							INSURER(S) AFFORDING COVERAGE INSURER A - Auto-Owners Insurance Company					NAIC#	
Saint Joseph MI 49085							INSURE	18988					
INSU	IRED	Gold Coast Cor	nfections I I	C			INSURER B:						
Gold Coast Confections LLC 31853 Edwards Dr						INSURE							
							INSURER D:						
Dowagiac MI 49047							INSURER E :						
						INSURE	RF:						
CO	VEF	RAGES	CER	TIFIC	CATE	NUMBER: 2023062312							
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 LTR		TYPE OF INSURAI	NCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		COMMERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$		
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
										MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
	GEI	□ N'L AGGREGATE LIMIT APF	PI IES PER:							GENERAL AGGREGATE	\$		
	- CL	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:								TRODUCTO - COMIT/OF ACC	\$		
	ΑU	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$		
		ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED S	SCHEDULED							BODILY INJURY (Per accident)	-		
		HIRED N	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY A	AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB											
		EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE							AGGREGATE	\$		
	WO	DED RETENTION RKERS COMPENSATION	\$					-		PER OTH-	\$		
	AND	EMPLOYERS' LIABILITY	Y/N							PER OTH- STATUTE ER	1.0	20.000	
Α	OFF	ANYPROPRIETOR/PARTNER/EXECUTIVE N		N/A	Y A1066	A106608085		06/23/2023	06/23/2024	E.L. EACH ACCIDENT		00,000	
		(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	7	00,000	
	DÉS									E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000	
DES	CRIP	TION OF OPERATIONS / LO	CATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	ie, may b	e attached if more	e space is require	ed)			
Waiver of Subrogation with regards to Workers' Compensation/Employers Liability in favor of Kilwins Chocolates Franchise, Inc. 30 day notice of cancellation or non-renewal will be provided to the certificate holder on all coverages.													
CERTIFICATE HOLDER							CANCELLATION						
Kilwins Chocolates Franchise, Inc. 1050 Bay View Road							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
l		Petoskey MI	14977U				AUTHO	RIZED REPRESE	NTATIVE 🔨				

and michaels