

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/11/2024

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:	Roy H. Liskey, Inc.					
Roy H. Liskey, Inc				PHONE (A/C, No, Ext): 269-983-1644 FAX (A/C, No): 269-983					
DO Dev. 04			E-MAIL ADDRESS: carol@liskey.net						
				INSURER(S) AFFORDING COVERAGE			NAIC#		
Saint Joseph MI 49085			INSURER A: Auto-Owners Insurance Company 1						
INSURED Gold Coast Co	onfections LLC		INSURER B	:			1		
31853 Edward	s Dr		INSURER C	:					
Dowagiac MI 49047-9324			INSURER D	:					
· ·			INSURER E	:					
			INSURER F	:					
COVERACES	CEDTIFICATE MI IME	PED. 2024061100	1120252	DEVICION NIII	MDED.				

COVERAGES CERTIFICATE NUMBER: 20240611091130352 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.

NSR LTR	NSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR				, , , ,		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000
	CLAIIVIS-IVIADE 71 OCCUR							\$ 10,000
Α		Υ	Υ	16668903	08/14/2023	08/14/2024	PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Hired/Non-Owned Auto	\$ 2,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
4	EXCESS LIAB CLAIMS-MADE		Υ	5466894700	08/14/2023	08/14/2024	AGGREGATE	\$ 1,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
Д	ANYPROPRIETOR/PARTNER/EXECUTIVE TIME		Y	A106608085	06/23/2024	06/23/2025	E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Kilwins Chocolates Franchise, Inc. is listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, and Umbrella 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	CANCLLATION					
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.					
Petoskey MI 49770	AUTHORIZED REPRESENTATIVE Carol Michaels					

CANCELLATION

CERTIFICATE HOLDER



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	1		CONTACT NAME:	Roy H. Liskey, Inc.				
Roy H. L	iskey, Inc		PHONE (A/C, No, Ext)	_: 269-983-1644	FAX (A/C, No):	269-98	33-1922	
PO Box 84			E-MAIL ADDRESS: carol@liskey.net					
				INSURER(S) AFFORDING COVERAGE			NAIC#	
Saint Jo	seph	MI 49085	INSURER A:	Auto-Owners Insurance Company			18988	
INSURED	Gold Coast Confections LLC		INSURER B:					
	31853 Edwards Dr		INSURER C:					
	Dowagiac MI 49047-9324		INSURER D :					
	_		INSURER E :					
			INSURER F:					
COVER	AGES CERTIFICATE NUMI	90609136	REVISION NUI	MBER:				
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NSR LTR	NSR TYPE OF INSURANCE		DL SUBR POLICY NUMBER POLICY EFF PO (MM/DD/YYYY) (MM		POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000	
			Y	16668903	08/14/2023	08/14/2024	MED EXP (Any one person)	\$ 10,000	
4							PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					ı	GENERAL AGGREGATE	\$ 2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:						Hired/Non-Owned Auto	\$ 2,000,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000	
١	CLAIMS-MADE DED X RETENTION \$ 10,000		Υ	5466894700	08/14/2023	08/14/2024	AGGREGATE	\$ 1,000,000	
								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							PER OTH- STATUTE ER		
		N/A	Υ	A106608085	06/23/2024	06/23/2025	E.L. EACH ACCIDENT	\$ 1,000,000	
		N/A	ī	A10600005	00/23/2024	00/23/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
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Kilwin's Quality Confections Inc. is listed as Additional Insured on Primary and Non-Contributory basis with regards to General Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/Employers Liability, General Liability, and Umbrella in Favor of Kilwin's Quality Confections Inc.

30 day notice of cancellation or non-renewal will be provided to the certificate holder on all coverages.

CENTIFICATE HOLDEN	CANCELLATION				
Kilwin's Quality Confections Inc. 1050 Bay View Drive Petoskey MI 49770	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Petoskey IVII 49770	AUTHORIZED REPRESENTATIVE and michaels				

CANCELLATION

CERTIFICATE HOLDER