

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/10/2019

| 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). | | | | | | | | | | |
| | | | | CONTACT NAME: Becky Hart | | | | | | |
| Olivier-VanDyk Insurance Agency | | | | PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100 | | | | | | |
| | | | | E-MAIL | | | | | | |
| Wyoming MI 49519 | | | | ADDREss: beckyh@ovdinsurance.com | | | | | | |
| | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| INSURED GEORKIC-01 | | | | INSURER A : Citizens Insurance Company 31534 | | | | | | |
| Georgetown KICS, LLC | | | | INSURER B : | | | | | | |
| 212 King St | | | | INSURER C : | | | | | | |
| Alexandria VA 22314 | | | | INSURER D : | | | | | | |
| | | | | INSURER E : | | | | | | |
| | | | | INSURER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 1964986945 | | | | 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. | | | | | | | | | | |
| LTR I YPE OF INSURANCE | INSD WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | | | |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | OZID799809 | | 1/12/2019 | 1/12/2020 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | RENTED | | | |
| | | | | | | MED EXP (Any one person) \$10,000 | | 0 | | |
| | | | | | | PERSONAL & ADV INJURY | IAL & ADV INJURY \$ 1,000,000 | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000 | ,000 | | |
| POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | G \$2,000,000 | | | |
| OTHER: | | | | | | | \$ | , | | |
| A AUTOMOBILE LIABILITY | | OZID799809 | | 1/12/2019 | 1/12/2020 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000 | ,000 | | |
| ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | - | | |
| OWNED SCHEDULED AUTOS ONLY AUTOS HIRED X NON-OWNED | | | | | | BODILY INJURY (Per accident) | , , , | | | |
| | | | | | | PROPERTY DAMAGE | , . | | | |
| AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | - | | | |
| | | | | | | | \$ | | | |
| A X UMBRELLA LIAB X OCCUR | | OZID799809 | | 1/12/2019 | 1/12/2020 | EACH OCCURRENCE | \$ 1,000 | ,000 | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ 1,000,000 | | | |
| DED RETENTION \$ | | | | | | | \$ | | | |
| AND EMPLOYERS' LIABILITY | | W2ID799804 | | 1/12/2019 | 1/12/2020 | PER OTH- STATUTE ER | | | | |
| | | | | | E.L. EACH ACCIDENT | \$1,000 | ,000 | | | |
| (Mandatory in NH) | | | | | | 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) 212 King St, Alexandria, VA 22314 Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured on a primary & non-contributory basis in regards to general liability, auto liability & umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. A 30 day notice of cancellation applies. | | | | | | | | | | |
| | | | | CANCELLATION | | | | | | |
| | | | | | | | | | | |
| Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd | | | | 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 | | | | Rockitart | | | | | | |
| | | | | Carrytaut | | | | | | |
| © 1988-2015 ACORD CORPORATION. All rights reserved. | | | | | | | | | | |