

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						
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