

BHART

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/10/2018

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.

	DUCER				CONTACT NAME:				
Oliv	ier-VanDyk Insurance Agency, Inc. 0 44th St SW			PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) 454-0800 E-MAIL E-MAIL ADDRESS:) 454-7100	
	oming, MI 49519								
					IN	SURER(S) AFFOR	RDING COVERAGE		NAIC#
					INSURER A : Citizen	s Insurance	Company		31534
INSURED All Tap Annapolis, LLC LGLP Inc.					INSURER B:				
					INSURER C :				
	STW Investments, LLC	INSURER D:							
	KPLV, LLC			INSURER E :					
					INSURER F:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE								
	IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY								
E)	XCLUSIONS AND CONDITIONS OF SUCH F	POLIC	CIES.	LIMITS SHOWN MAY HAVE I	BEEN REDUCED BY	PAID CLAIMS			
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	ODID574850	05/03/2018	05/03/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO	X	Χ	ODID574850	05/03/2018	05/03/2019	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	ODID574850	05/03/2018	05/03/2019	AGGREGATE	\$	1,000,000
	DED RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				05/03/2018	05/03/2019	X PER OTH- STATUTE ER		
		N/A	X	W2ID574836			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								1	

CERTIFICATE HOLDER	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	AUTHORIZED REPRESENTATIVE				
	Beckystart				