

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/24/2021

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).

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_	DUCER			CT							
Olivier-VanDyk Insurance Agency						NAME: PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100					
2780 44th Street SW Wyoming MI 49519						(A/C, No, Ext): 010-434-0000 (A/C, No): 010-434-7100 E-MAIL ADDRESS: certificates@ovdinsurance.com					
wyoning wii 45515						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Hanover Insurance Companies				22292	
INSURED SHEASWE-01					INSURER B: Citizens Insurance Company					31534	
Shea's Sweets, LLC PO Box 909					INSURER C:						
Black Mountain NC 28711					INSURER D:						
					INSURER E:						
					INSURER F:						
COVERAGES CER			CATE	NUMBER: 1873397372	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. INSR											
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	IMITS		
Α			YY	OZID305018		7/1/2021	7/1/2022	DAMAGE TO RENTED	\$ 1,000,000		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000			
								MED EXP (Any one person) \$10,0			
	X Primary/NonContr							PERSONAL & ADV INJURY \$1,000,			
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$2,000,00		
									RODUCTS - COMP/OP AGG \$2,000,000 \$		
Α	OTHER: A AUTOMOBILE LIABILITY		Υ	OZID305018		7/1/2021	7/1/2022	COMBINED SINGLE LIMIT	\$ 1.000.00	0	
, ,	ANY AUTO			021000010		(Ea accident) BODILY INJURY (Per person) \$, , , , , , , , , ,			
	OWNED SCHEDULED							` ' '	\$		
	X HIRED X NON-OWNED AUTOS ONLY X AUTOS ONLY							DDODEDT//DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY								\$		
Α	X UMBRELLA LIAB X OCCUR	Υ	Υ	OZID305018		7/1/2021	7/1/2022	EACH OCCURRENCE \$2,000,00		0	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$2,000,00	0	
	DED RETENTION\$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	WZID303933		7/1/2021	7/1/2022	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000,00	0	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000		0		
								E.L. DISEASE - POLICY LIMIT \$ 1,00		0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 116 W State St, Black Mountain, NC 28711 A 30 day notice of cancellation applies.											
CERTIFICATE HOLDER						CANCELLATION					
Kilwins Chocolates Franchise Inc. Kilwin's Quality Confections Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

1050 Bay View Road Petoskey MI 49770

AUTHORIZED REPRESENTATIVE