



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JM

DATE (MM/DD/YYYY)

06/18/2018

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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> King Insurance Agency 308 State Street Petoskey, MI 49770 Julia E. Makela		<b>CONTACT NAME:</b> Julia E Makela <b>PHONE (A/C, No, Ext):</b> 231-347-9062 <b>FAX (A/C, No):</b> 231-347-9063 <b>E-MAIL ADDRESS:</b> julia@kinginsagency.com <b>PRODUCER CUSTOMER ID #:</b> KILWIN2	
<b>INSURED</b> Kilwin's of Boyne City Thomas & Gayle Harbaugh 102 Water Street Boyne City, MI 49712		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Home Owners Insurance Co. <b>NAIC #</b> 26638 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	


**COVERAGES****CERTIFICATE NUMBER:****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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	41-095-371-00	07/03/2018	07/03/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			41-095-371-00	07/03/2017	07/03/2018	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO			4109537100	07/03/2018	07/03/2019	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS			4109537100	07/03/2017	07/03/2018	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	4109537101	07/03/2018	07/03/2019	AGGREGATE \$
	DEDUCTIBLE RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		33004837	07/03/2018	07/03/2019	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	33004837	07/03/2017	07/03/2018	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 30 Day Notice of Cancel on General Liability Policy for Kilwins Chocolate Franchise Inc & Kilwin's Quality Confections Inc.

**CERTIFICATE HOLDER****CANCELLATION**

<b>KILWINC</b>  Kilwins Chocolates Franchise Inc & Kilwins Quality Confections inc 1050 Bay View Rd 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.
	AUTHORIZED REPRESENTATIVE Julia E. Makela 

Home-Owners Insurance Company

54619 (8-94)Y

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BUSINESSOWNERS ADDITIONAL INSURED ENDORSEMENT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

### SCHEDULE\*

Name of Person or Organization:

KILWIN'S chocolate franchise & Kilwin's Quality Confections Inc

Address:

1050 BAY VIEW RD  
PETOSKEY, MI 49770

Interest:

ADDITIONAL INSURED

It is agreed:

WHO IS INSURED is amended as follows:

The person or organization shown above is an insured but only with respect to their liability:

1. to which this insurance applies; and
2. which arises out of the specific interest described above.

The limits of insurance for the additional insured are those specified in the written contract or agreement between the Insured and the person or organization named above, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

All other terms and conditions of the policy apply.

\*If the information is not shown in the Schedule, it will be shown in the Declarations.

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Home-Owners Insurance Company

59495 (8-11)Y

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION OR NONRENEWAL  
DESIGNATED PERSON(S) OR ORGANIZATION(S)  
OTHER THAN THE NAMED INSURED**

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:

1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.

If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

<b>SCHEDULE</b>	
<b>Number of Days Notice</b> <u>030</u>	
<b>Name Of Designated Person(s) Or Organization(s)</b> KILWINS CHOCOLATES FRANCHISE INC & KILWIN'S QUALITY CONFECTIONS INC	<b>Mailing Address</b> 1050 BAY VIEW RD  PETOSKEY MI 49770 9006

**(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)**

All other policy terms and conditions apply.

Home-Owners Insurance Company

27060 (10-86)Y

Worker's Compensation and Employers Liability Insurance Policy

## **WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

WC 00 03 13

We have the right to recover our payments from anyone liable for any injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**KILWINS CHOCOLATES FRANCHISE INC  
& KILWINS QUALITY CONFECTIONS INC  
1050 BAY VIEW RD  
PETOSKEY MI 49770**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US  
Commercial Umbrella Policy**

**SCHEDULE**

**Name of Person or Organization:**

KILWINS CHOCOLATES FRANCHISE I

If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

Paragraph **M. Transfer of Rights of Recovery Against Others To Us of Conditions**, is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "product-completed operations hazard". This waiver applies only to the person or organization in the Schedule above.

All other policy terms and conditions apply.

Auto-Owners Insurance Company

59495 (8-11)Z

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CANCELLATION OR NONRENEWAL  
DESIGNATED PERSON(S) OR ORGANIZATION(S)  
OTHER THAN THE NAMED INSURED**

It is agreed:

This policy is subject to the following condition:

If this policy is canceled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE below shall be notified at least:

1. 10 days prior to the effective date of cancellation if we cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we cancel for any other reason.

If the law of the state in which notice is mailed to requires a longer notice period, we will comply with those requirements.

<b>SCHEDULE</b>	
<b>Number of Days Notice</b> <u>030</u>	
<p><b>Name Of Designated Person(s) Or Organization(s)</b> KILWINS CHOCOLATES FRANCHISE INC &amp; KILWIN'S QUALITY CONFECTIONS INC</p>	<p><b>Mailing Address</b> 1050 BAY VIEW RD  PETOSKEY, MI 49770-9006</p>

**(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)**

All other policy terms and conditions apply.

**Julia Makela**

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**From:** Kennedy, Paul <Kennedy.Paul@aoins.com>  
**Sent:** Tuesday, December 26, 2017 11:05 AM  
**To:** Julia@kinginsagency.com  
**Subject:** 41-095371-01, HARBAUGH ENTERPRISES LLC DBA KILWINS OF BOYNE CITY

Julie,  
FYI there will not be an endorsement coming thru on the commercial umbrella for DBA KILWINS OF BOYNE CITY. KILWINS CHOCOLATES FRANCHISE INC & KILWIN'S QUALITY CONFECTIONS INC are already listed for waiver of sub and notice on umbrella. We don't add additional insured's on the umbrella as they follow the underlying.

***Auto-Owners***  
**INSURANCE**  
LIFE • HOME • CAR • BUSINESS

Paul Kennedy, API, AINS  
Commercial Lines Underwriting Territory 1  
e: [kennedy.paul@aoins.com](mailto:kennedy.paul@aoins.com)  
p: 800.814.4248, ext.7055