



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JK

DATE (MM/DD/YYYY)

08/06/2021

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 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>E-MAIL ADDRESS:</b> julia@kinginsagency.com <b>PRODUCER CUSTOMER ID #:</b> KILWIN2		<b>FAX (A/C, No):</b> 231-347-9063
<b>INSURED</b> Kilwin's of Boyne City Gayle Harbaugh 102 Water Street Boyne City, MI 49712		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Home Owners Insurance Co.		<b>26638</b>
		<b>INSURER B:</b> Auto Owners Insurance Co.		<b>18988</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>						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41-095-371-00	07/03/2021	07/03/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			41-095-371-00	07/03/2020	07/03/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 10,000
A	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO			4109537100	07/03/2021	07/03/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS			4109537100	07/03/2020	07/03/2021	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4109537101	07/03/2021	07/03/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						AGGREGATE \$
	<input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	33004837	07/03/2021	07/03/2022	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below			33004837	07/03/2020	07/03/2021	E.L. EACH ACCIDENT \$ 1,000,000
							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.  
Umbrella includes primary & non-contributory coverage

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
KILWINC  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	





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/06/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY <b>King Insurance Agency</b> 308 State Street Petoskey, MI 49770 Julia E. Makela		PHONE (A/C, No, Ext): <b>231-347-9062</b>	COMPANY <b>Home Owners Insurance Co.</b> PO Box 30660 Lansing, MI 48909-8160	
FAX (A/C, No): <b>231-347-9063</b>	E-MAIL ADDRESS: <b>mail@kinginsagency.com</b>			
CODE: <b>010865</b>	SUB CODE:			
AGENCY CUSTOMER ID #: <b>KILWIN2</b>		LOAN NUMBER		POLICY NUMBER <b>4109537100</b>
INSURED  <b>Kilwin's of Boyne City</b> Thomas & Gayle Harbaugh 3545 Thunder Road Boyne City, MI 49712		EFFECTIVE DATE <b>07/03/2021</b>	EXPIRATION DATE <b>07/03/2022</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION <b>102 Water St</b> Boyne City, MI 49712--124	<b>CANDY/CONFECTION STORE-CONSUMP ON-PREM</b>
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	SPECIAL	COVERAGE / PERILS / FORMS		
Business Betterment & improvement Business Personal Property Replacement Cost Basis Special Coverage Form 30 Day Notice of Cancellation Loss of Business Income & Expense Actual Loss Su					204,200 219,290	1000 1000
					12 Months	

**REMARKS (Including Special Conditions)**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

NAME AND ADDRESS  <b>Kilwins Chocolates Franchise Inc &amp; Kilwins Quality Confect</b> 1050 Bay View Road Petoskey, MI 49770	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	MORTGAGEE	<input checked="" type="checkbox"/>	<b>Franchise Contract Holder</b>
	LOAN #		
AUTHORIZED REPRESENTATIVE <b>Julia E. Makela</b>			



HOME-OWNERS INSURANCE COMPANY

54619 (8-94)

**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.

HOME-OWNERS INSURANCE COMPANY

54619 (8-94)

**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:

LAKESIDE PROPERTIES NORTH LLC

Address:

PO BOX 100  
WALLOON LAKE, MI 49796

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.

HOME-OWNERS INSURANCE COMPANY

59495 (8-11)

**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.





Auto-Owners Insurance Company

66160 (12-17)

**ADDITIONAL INSURED  
PRIMARY NONCONTRIBUTORY - BLANKET COVERAGE**  
Commercial Umbrella Policy

It is agreed:

**CONDITIONS, I. Other Insurance** is amended. The following provision is added.

However, if there is other insurance for any person or organization, other than the Named Insured, which covers liability for **your** operations, contribution from such other insurance shall not be sought by **us** when:

1. There is a written agreement between **you** and such person or organization specifying that this insurance

shall be primary and without right of contribution; and

2. Such written agreement was in force prior to any **bodily injury, property damage, personal injury or advertising injury.**

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**

