

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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 DEPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER.										
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).										
PR O	oducer livier VanDyk Insurance Agency, Inc		CONTACT NAME: PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100							
2100 HILLOW						E-MAIL ADDRESS: certificates@ovdinsurance.com				
License#: 0007645						INSURER(S) AFFORDING COVERAGE INSURER A : Citizens Insurance Company				NAIC # 31534
INSURED HARBENT-01						INSURER B :				
Harbaugh Enterprises, LLC 102 E Water St					INSURE	INSURER C :				
						INSURER D :				
						INSURER E :				
COVERAGES CERTIFICATE NUMBER: 23907873						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.										
		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	Z2IJ061711		7/3/2022	7/3/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000	
	X Primary/NonContr							PERSONAL & ADV INJURY	\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG		0,000
A		Y	Y	Z2IJ061711		7/3/2022	7/3/2023	COMBINED SINGLE LIMIT	\$	000
		·		2210001711		110/2022	110/2020	(Ea accident) BODILY INJURY (Per person		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		Y	V	7011004744		7/0/0000	7/0/0000		\$	
A		ř	Y	Z2IJ061711		7/3/2022	7/3/2023	EACH OCCURRENCE	\$ 1,000	
	DED RETENTION \$							AGGREGATE	\$ 1,000	,000
А	WORKERS COMPENSATION		Y	W9IJ061628		7/3/2022	7/3/2023	X PER OTH STATUTE ER		
	AND EMIFLOTERS LIABLITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	0,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOY		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	IT \$1,000	),000
DF	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORD	101. Additional Remarks Schedul	le, mav be	attached if more	space is require	ed)		
102 Water St, Boyne City, MI 49712										
CERTIFICATE HOLDER CANCELLATION										
Kilwins Chocolates Franchise Inc. Kilwins 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.				
						authorized representative BeckyHart				

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