



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JM

DATE (MM/DD/YYYY)

06/07/2019

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Home Owners Insurance Co.</td> <td>26638</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co.</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Home Owners Insurance Co.	26638	INSURER B: Auto Owners Insurance Co.	18988	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		INSR	WVD							
A	<b>GENERAL LIABILITY</b>	X	X	41-095-371-00	07/03/2019	07/03/2020	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000		
							PERSONAL & ADV INJURY	\$ 1,000,000		
							GENERAL AGGREGATE	\$ 2,000,000		
							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
								\$		
GEN'L AGGREGATE LIMIT APPLIES PER:										
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$			
A	<b>AUTOMOBILE LIABILITY</b>			4109537100	07/03/2019	07/03/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS							\$		
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$		
B	<b>UMBRELLA LIAB</b>	X	X	4109537101	07/03/2019	07/03/2020	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> EXCESS LIAB						CLAIMS-MADE			
	<input type="checkbox"/> DEDUCTIBLE								AGGREGATE	\$
	<input type="checkbox"/> RETENTION \$									\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			33004837	07/03/2019	07/03/2020	<input type="checkbox"/> Y/N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				X	E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							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.**

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;"><b>KILWINC</b></div> Kilwins Chocolates Franchise Inc & Kilwins Quality Confections inc 1050 Bay View Rd Petoskey, MI 49770	<b>CANCELLATION</b>  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 
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/07/2019

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> <b>Thomas &amp; Gayle Harbaugh</b> <b>3545 Thunder Road</b> <b>Boyne City, MI 49712</b>		EFFECTIVE DATE <b>07/03/19</b>	EXPIRATION DATE <b>07/03/20</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION <b>102 Water St</b> <b>Boyne City, MI 49712--124</b>	<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			
Business Betterment & improvement					192,600	1000
Business Personal Property					210,360	1000
Spoilage due to breakdown/contamination/power outa					10,000	1000
Replacement Cost Basis						
Special Coverage Form						
30 Day Notice of Cancellation						
Loss of Business Income & Expense Actual Loss Su					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> <b>1050 Bay View Road</b> <b>Petoskey, MI 49770</b>	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)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:

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

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.

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.

**SCHEDULE**

Number of Days Notice 030

Name Of Designated Person(s) Or Organization(s)	Mailing Address
KILWINS CHOCOLATES FRANCHISE INC & KILWIN'S QUALITY CONFECTIONS INC	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.

**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.

**SCHEDULE**

**Number of Days Notice** 030

<b>Name Of Designated Person(s) Or Organization(s)</b>	<b>Mailing Address</b>
KILWINS CHOCOLATES FRANCHISE INC & KILWIN'S QUALITY CONFECTIONS INC	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**