



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).

PRODUCER King Insurance Agency 308 State Street Petoskey, MI 49770 Julia E. Makela	CONTACT NAME: Julia E Makela	FAX (A/C, No): 231-347-9063
	PHONE (A/C, No, Ext): 231-347-9062	E-MAIL ADDRESS: julia@kinginsagency.com
	PRODUCER CUSTOMER ID #: KILWIN2	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Kilwin's of Boyne City Gayle Harbaugh 102 Water Street Boyne City, MI 49712	INSURER A: Home Owners Insurance Co.	26638
	INSURER B: Auto Owners Insurance Co.	18988
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	GENERAL LIABILITY	X	X	41-095-371-00	07/03/2021	07/03/2022	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	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			41-095-371-00	07/03/2020	07/03/2021	PRODUCTS - COM/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			4109537100	07/03/2021	07/03/2022	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	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	X	4109537101	07/03/2021	07/03/2022	EACH OCCURRENCE \$ 1,000,000	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DEDUCTIBLE RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			33004837	07/03/2021	07/03/2022	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	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.
 Umbrella includes primary & non-contributory coverage

CERTIFICATE HOLDER KILWINC Kilwins Chocolates Franchise Inc & Kilwins Quality Confections inc 1050 Bay View Rd Petoskey, MI 49770	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.
	AUTHORIZED REPRESENTATIVE Julia E. Makela

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

PROPERTY INFORMATION

LOCATION/DESCRIPTION 102 Water St Boyne City, MI 49712--124	CANDY/CONFECTION STORE-CONSUMP ON-PREM
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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE		DEDUCTIBLE
					COVERAGE / PERILS / FORMS		
Business Betterment & improvement						204,200	1000
Business Personal Property						219,290	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 Kilwins Chocolates Franchise Inc & Kilwins Quality Confect 1050 Bay View Road Petoskey, MI 49770	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> Franchise Contract Holder	
LOAN #			
AUTHORIZED REPRESENTATIVE Julia E. Makela 			