

BROBINSON

DATE (MM/DD/YYYY)	
2/20/2022	

KTYLLC0-01

~			EF	RLI	FICATE OF LIA	BIL	ITY INS	SURAN	CE		(MM/DD/1111) /28/2023		
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.													
lf	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).												
PRO	DUCE	R				CONTA NAME: PHONE	.CT						
BHS Insurance 3055 44th St SW Grandville, MI 49418						PHONE (A/C, No, Ext): (616) 531-1900 FAX (A/C, No):(616) 574-3317 E-MAIL ADDRESS:							
							INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
						INSURER A : Selective Insurance Company					39926		
INSURED KTY LLC & BKTY LLC 4845 Corporate Exchange Blvd SE						INSURER B :							
		Grand Rapids, MI 49512	, iva c			INSURER D :							
						INSURER E :					+		
co	VER	AGES CER		САТ	E NUMBER:	REVISION NUMBER:							
		IS TO CERTIFY THAT THE POLICI		-	-	HAVE B	EEN ISSUED	TO THE INSU		THE PO	LICY PERIOD		
		ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY											
E E	XCLL	JSIONS AND CONDITIONS OF SUCH	POLI	CIES	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		IU ALL	THE TERINO,		
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBF WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR	Х	X	S 2498611		3/1/2023	3/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
									MED EXP (Any one person)	\$	10,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000		
A		OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000		
^	AUT X		~		6 0409644		3/1/2023	3/1/2024	(Ea accident)	\$	1,000,000		
	^	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	X	X	S 2498611		3/1/2023	3/1/2024	BODILY INJURY (Per person)	\$			
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
										\$			
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000		
		EXCESS LIAB CLAIMS-MADE	X		S 2498611		3/1/2023	3/1/2024	AGGREGATE	\$	1,000,000		
		DED RETENTION \$								\$			
Α	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER				
		PROPRIETOR/PARTNER/EXECUTIVE N IGER/MEMBER EXCLUDED?	N/A	X	WC 9103397		3/1/2023	3/1/2024	E.L. EACH ACCIDENT	\$	1,000,000		
									E.L. DISEASE - EA EMPLOYE	\$	1,000,000		
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
			. =										
Kilw	ins (TION OF OPERATIONS / LOCATIONS / VEHIC Chocolates Franchise, Inc. is listed	as a	dditio	onal insured on a primary a	nd nor	n-contributory	basis relativ	/e to general, auto, and u				
the i	nsur	red's policy form. Waiver of subrog tice provided in the event of cance	Jation	n app	lies to general, auto, umbre	ella liab vided f	oility and work	cer's comper	nsation in favor of the add	ditional	insured. 30		
auge			nano			indou i	or non paying	one por mour					
CE	RTIF	FICATE HOLDER				CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Kilwins Chocolates Franchise, Inc. 1050 Bay View Road						ACC	CORDANCE WI	TH THE POLIC	CY PROVISIONS.				
Petoskey, MI 49770													

AUTHORIZED REPRESENTATIVE !Vally

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