

An important message from The Hartford

Thank you for selecting The Hartford for your business insurance needs.

Sincerely, The Hartford Services Team

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This email was sent to: murrymd1@gmail.com

Attached: CERTIFICATE OF INSURANCE (COI).Pdf

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This email was sent by: The Hartford Financial Services Group, Inc.



February 4, 2019

Kilwins Chocolates Franchise, Inc. 1050 BAY VIEW RD PETOSKEY MI 49770-9006

Account Information:

Policy Holder Details : MID-STATE CONFECTIONS, INC.



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (866) 467-8730 **Fax:** (888) 443-6112

Email: agency.services@thehartford.com **Website:** https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/04/2019

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 SUBROGATIONIS 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)

not conici rights to the certificate notate in fied of such chaof sement(s).							
PRODUCER MCGRIFF INSURANCE SERVICES 20247100 4400 HARDING PIKE SUITE 400 NASHVILLE TN37205	INC	CONTACT NAME:					
		PHONE (A/C, No, Ext):	(866) 467-8730	FAX (888) 443-6112 (A/C, No):			
		E-MAIL ADDRE	SS:	(700, 110).			
			INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A:	The Hartford Casualty Insurance Company		29424		
MID-STATE CONFECTIONS, INC. 620 CROFTON PARK LN FRANKLIN TN 37069-6514		INSURER B :	The Sentinel Insurance Company		11000		
		INSURER C :					
		INSURER D :					
		INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUM	MBER:	REVISION N	JMBER:	•		

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	I YPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
В	COMMERCIAL GENERAL LIABILITY	INGK	WVD		(MM/55/1111)		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	χ General Liability						MED EXP (Any one person)	\$10,000
				20 SBA NU5272	04/11/2018	04/11/2019	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO	OWNED SCHEDULED SS AUTOS D NON-OWNED		20 SBA NU5272	04/11/2018	04/11/2019	BODILY INJURY (Per person)	
В							BODILY INJURY (Per accident)	
	✓ HIRED ✓ NON-OWNED					PROPERTY DAMAGE		
	AUTOS AUTOS						(Per accident)	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$1,000,000
В	EXCESS LIAB CLAIMS-MADE			20 SBA NU5272	04/11/2018	04/11/2019	AGGREGATE	\$1,000,000
	DED X RETENTION \$ 10,000							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER X OTH-	
	ANY Y/N	N N/ A		20 WEC AK4419	04/11/2018	04/11/2019	E.L. EACH ACCIDENT	\$1,000,000
Α	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. DISEASE -EA EMPLOYEE	\$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	EMPLOYMENT PRACTICES			20 SBA NU5272	04/11/2018	04/11/2019	Each Claim Limit	\$10,000
6	LIABILITY			20 3DA N03272	04/11/2016	04/11/2019	Aggregate Limit	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
1050 BAY VIEW RD	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
PETOSKEY MI 49770-9006	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Sugan S. Castaneda

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