

BHART



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2018

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 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).

th	nis certificate does not confer rights to				uch end	lorsement(s)		require an end	iorsemen	t. A s		
Olivier-VanDyk Insurance Agency, Inc. 2780 44th St SW Wyoming, MI 49519 INSURED						CONTACT NAME: PHONE (CAC) ASA COOC FAX (CAC) ASA 7400						
						PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) 454-7100 E-MAIL ADDRESS:						
							NIDED(6) 1555				NAIS "	
						INSURER(S) AFFORDING COVERAGE INSURER A : Citizens Insurance Company					NAIC #	
						1 1					31334	
						INSURER B:						
	Renaissance Properties Fox 407 South 3rd St, Ste 186	vali	ey, L	LC	INSURER D :							
	Geneva, IL 60134				INSURER E :							
					INSURER F :							
CO	VERAGES CER	TIFIC	CATI	E NUMBER:	INSUKE	N.F.		REVISION NU	MRFR.			
TI IN	HIS IS TO CERTIFY THAT THE POLICIE UDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	S O EQUI	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TO	O WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS		OBOLOTI	O ALL	THE TERMO,	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR		X	O7ID566810		05/01/2018	05/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	300,000	
								MED EXP (Any one		\$	10,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY		х					COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO	х		O7ID566810		05/01/2018	05/01/2019	1 '	er person)	\$		
	OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY							BODILY INJURY (F	er accident)	\$		
								PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		x					X PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WZID566800		05/01/2018	05/01/2019	E.L. EACH ACCIDE	NT	\$	1,000,000	
								E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000	
DES Kilw	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI rins Chocolates Franchise Inc. and Kilwi	LES (A	ACORI	0 101, Additional Remarks Schedu	ule, may b litional i	e attached if mor	re space is requi	red) n-contributory b	asis with	renar	ds to general	
	lity, auto liability and umbrella. Waiver											
CE	RTIFICATE HOLDER				CANO	ELLATION						
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.						
	1050 Bay View Rd Petoskey, MI 49770		AUTHORIZED REPRESENTATIVE									
			Outsided.									