## **PGREENTHAL**

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/18/2022

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.

l li	f SU	BROGATION	IS 1	WAIVED, subie	ect to	the	DDITIONAL INSURED, the terms and conditions of tificate holder in lieu of su	f the pol	icv. certain	policies may	NAL INSURED provision require an endorsemer	ns or b	e endorsed. tatement on
PRO	DUCE	R						CONTAC	T Patricia	Greenthal			
Rol	erts	on Ryan - Mily	vau	kee				PHONE (A/C, No, Ext): (414) 283-4229 229 FAX (A/C, No): (414) 271-1523					
Mil	vauk	t Kilbourn Ave ee, Wi 53202	enue	e, Suite 850				E-MAIL ADDRESS: pgreenthal@robertsonryan.com					
		,						INSURER(S) AFFORDING COVERAGE				1	
								MOUDE	RA:ACUITY		RDING COVERAGE		NAIC #
INS	URED	to President				***						·	14104
		O						INSURER B:				<del> </del>	
		4756 N N		ark LLC DBA K	llwin	S		INSURER C:					
				ay, WI 53211-11	55			INSURER D:					
				•					INSURER E :				ļ
								INSURE	RF:	····	·····		
		AGES					E NUMBER:				REVISION NUMBER:		
C	ERTI XCLL	FICATE MAY E	IHS BE IS	TANDING ANY I SSUED OR MAY	REQUI PER POLI	REM TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITION , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AI DED BY BEEN R	NY CONTRA THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO	WILL HOLL
INSR		TYPE OF	INSU	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GI	ENEF	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MAI	DE	X OCCUR		Ì	ZG4481		8/4/2022	8/4/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,00
											MED EXP (Any one person)	\$	10,00
								İ			PERSONAL & ADV INJURY	\$	1,000,00
	GEN	l'L AGGREGATE LI	MIT	APPLIES PER:							GENERAL AGGREGATE	\$ .	3,000,000
			RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:						-			FRODUCTS - COMPTOF AGG	\$	
Α	AÚT	OMOBILE LIABILIT	ΓY								COMBINED SINGLE LIMIT (Ea accident)	<del></del>	1,000,00
		ANY AUTO					ZG4481		8/4/2022	8/4/2023		\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS					0/4/2022	0/4/2020	BODILY INJURY (Per person)	\$	
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY	-	AUTOS ONLY							(Per accident)	\$	
Α	Х	UMBRELLA LIAB	Т	X occur	<del> </del>			-		-		\$	3,000,000
	H	EXCESS LIAB	+	CLAIMS-MADE			ZG4481		8/4/2022	8/4/2023	EACH OCCURRENCE	\$	3,000,000
	1				1				0	0, 1,2020	AGGREGATE	\$	3,000,000
Α	DED RETENTION \$ WORKERS COMPENSATION				<del> </del>						V PER OTH-	\$	
^	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If ves. describe under						ZG4481		8/4/2022	8/4/2023	X PER STATUTE OTH-		1,000,000
					N/A						E.L. EACH ACCIDENT	\$	
											E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESC	CRIPTION OF OPE	RATI	ONS below	ļ —						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES 0804	CRIPTI	ION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (A	CORE	) 101, Additional Remarks Schedu	ile, may be	attached If mor	e space is requir	ed)		
Kilw	ins C	hocolates Fra	nchi	ise, Inc. and Kilv	vin's (	Quali	ty Confections, Inc are list	ed as Ad	iditoinal ins	ured on Prima	ary and Non-Contributory	basis	with regards
0 6	enera	ai Liability and	Aut	omobile Liabilit	y.								
ran	chise	f Subrogation v e, Inc and Kilw ACHED ACORI	in's	Quality Confect	ker's ( ions l	Com <sub>l</sub> nc.	pensation/Employers Liabi	ility, Gen	eral Liability	/, and Autom	obile Liability in favor of l	Kilwins	Chocolates
CE	RTIF	ICATE HOLD	ER					CANC	ELLATION				V.44
		Kilwins C	hoc	colates Franchi		;		SHOL THE	JLD ANY OF 1 EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.		

ACORD 25 (2016/03)

1050 Bay View Rd Petoskey, MI 49770

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**AUTHORIZED REPRESENTATIVE** 

AGENCY CUSTO	MER ID:	GRUL&CL	-01
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**PGREENTHAL** 

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page of 1

AGENCY		NAMED INSURED		
Robertson Ryan - Milwaukee		Gruling & Clark LLC DBA Kilwins 4756 N Newhall St		
POLICY NUMBER		Whitefish Bay, WI 53211-1155		
SEE PAGE 1				
CARRIER	NAIC CODE	1		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Umbrella coverage is following form.

30 days notice of cancellation or non-renewal included in favor of additional insureds. Except regarding nonpayment of premium, which is 10 days notice.