PGREENTHAL

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/29/2023

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.

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).

PRODUCER	CONTACT Patricia Greenthal					
Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 850		No): (414) 271-1523				
Milwaukee, WI 53202	E-MAIL ADDRESS: pgreenthal@robertsonryan.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : ACUITY	14184				
INSURED	INSURER B:					
Gruling & Clark LLC DBA Kilwins	INSURER C:					
4756 N Newhall St	INSURER D:					
Whitefish Bay, WI 53211-1155	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	ADDUS	UBR		POLICY EFF	POLICY EXP	LIMIT	···	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICE NOWINER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,00
	CLAIMS-MADE X OCCUR			ZG4481	8/4/2023	8/4/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	V-10
							MED EXP (Any one person)	\$	10,00
							PERSONAL & ADV INJURY	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,00
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	3,000,00
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
ļ	ANY AUTO OWNED SCHEDULED			ZG4481	8/4/2023	8/4/2024	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED ONLY X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	3,000,00
}	EXCESS LIAB CLAIMS-MADE			ZG4481	8/4/2023	8/4/2024	AGGREGATE	\$	3,000,00
	DED RETENTION \$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	-					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		ZG4481	8/4/2023	8/4/2024	E.L. EACH ACCIDENT	\$	1,000,00
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,00

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

Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc are listed as Additoinal Insured on Primary and Non-Contributory basis with regards to General Liability and Automobile Liability.

Waiver of Subrogation with regards to Worker's Compensation/Employers Liability, General Liability, and Automobile Liability in favor of Kilwins Chocolates Franchise, Inc and Kilwin's Quality Confections Inc. SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
Kilwins Chocolates Franchise Inc Kilwins Quality Confections Inc. 1050 Bay View Rd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE
	Mus & Aux

LOC #: 1



Departs on Ryan - Milwaukee Obertson Ryan - Milwaukee OLICY NUMBER EE PAGE 1 ARRIER EE PAGE 1 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.
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Milbreila Goverage is following form.
0 days notice of cancellation or non-renewal included in favor of additional insureds. Except regarding nonpayment of premium, which is 10 days notice.