



# CERTIFICATE OF LIABILITY INSURANCE

E-MAILED  
8-5-19

DATE (MM/DD/YYYY)  
08/05/2019

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 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 HOP INSURANCE AGENCY INC 477 CHICAGO DR HOLLAND MI 49423	CONTACT NAME:		
	PHONE (A/C, No, Ext):	616-396-5728	FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	FARM BUREAU INSURANCE	
INSURED HEAVENS SCENTS LLC DBA KILWINS CHOCOLATES OF HOLLAND 62 E 8TH ST HOLLAND MI 49423	INSURER B:		
	INSURER C:		
	INSURER D:		
	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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		S-3207437	07/20/2019	07/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		S-3207437	07/20/2019	07/20/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		U-3207439	07/20/2019	07/20/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WCC-3207438	07/20/2019	07/20/2020	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 ADDITIONAL INSURED ON PRIMARY AND NON-CONTRIBUTORY BASIS WITH REGARDS TO GENERAL LIABILITY, AUTOMOTIBLE LIABILITY AND UMBRELLA. WAIVER OF SUBROGATION WITH RECORDS TO WORKERS' COMP/EMPLOYERS LIABILITY, GENERAL LIABILITY, UMBRELLA IN FAVOR OF KILWINS CHOCOLATES FRANCHISE, INC. AND KILWIN'S QUALITY CONFECTIONS, INC.  
UMBRELLA COVERAGE IS FOLLOW FORM  
SEE ATTACHED

**CERTIFICATE HOLDER**                      **CANCELLATION**

KILWINS CHOCOLATES FRANCHISE, INC KILWIN'S QUALITY CONFECTIONS INC. 1050 BAY VIEW ROAD PETOSKEY MI 49770	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY HOP INSURANCE AGENCY INC		NAMED INSURED HEAVENS SCENTS LLC	
POLICY NUMBER S-3207437		DBA KILWINS CHOCOLATES OF HOLLAND	
CARRIER FARM BUREAU INSURANCE	NAIC CODE	62 E 8TH ST HOLLAND MI 49423	
		EFFECTIVE DATE: 07/20/2019	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF INSURANCE

30 DAYS NOTICE OF CANCELLATION OR NON-RENEWAL MUST BE PROVIDED TO THE FRANCHISOR ON ALL COVERAGE

COVERAGE LISTED ARE MINIMUM REQUIREMENTS

CARRIERS MUST BE A- RATED OR BETTER BY AM BEST