OP ID: VR

05/10/2017

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE

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.

If	SUE	ROGATION IS	3 W	AIVED, subje	ct to t	he te	rms and conditions of the	e polic	cy, certain po	olicies may			
			not	confer rights	to the		ificate holder in lieu of su						
PRODUCER 323-728-9500 PIASC Insurance Services, Inc.								CONTACT Veronica Ramirez PHONE (AVC NO): 323-728-9500 FAX (AVC NO): 323-728-0483					
P.O. Box 910936								(A/C, NO, EXI).					
Los Angeles, CA 90091-0936 James Villanueva									E-MAIL ADDRESS: veronica@piasc.org				
vanies vinanueva								INSURER(S) AFFORDING COVERAGE INSURER A: The Hanover Insurance Group					NAIC#
								INSURE	R A : The Hanov	er Insurance Gro	oup		36064
INSURED Sweet Fun, Inc.								INSURER B:					
DBA Kilwins Atlantic Station 1380 Atlantic Dr, Ste.14160 Atlanta, GA 30363								INSURER C:					
								INSURER D:					
									INSURER E :				
								INSURER F:					
CC	COVERAGES CER						NUMBER:	REVISION NUMBER:					
II C E	NDICA ERTII XCLU	ATED. NOTWIT FICATE MAY B	HST E IS	Anding any Sued or Ma'	REQUII / PERT H POLI	REME ΓΑΙΝ, ICIES.	RANCE LISTED BELOW HA'NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE			ADDI INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Business Owners							04/01/2017	04/01/2018	EACH OCCURRENCE	\$	2,000,000
					X		OBA-A889660-01				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X				_						MED EXP (Any one person)	\$	10,000
					_						PERSONAL & ADV INJURY	\$	2,000,000
	GEN	I'L AGGRE <u>GAT</u> E LI		PPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
		POLICY PF	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:									COMPINED OINOLE LIMIT	\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO		00115011150	X		OBA-A889660-01		04/01/2017	04/01/2018	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS ONLY	X	X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$		
Α	X	EXCESS LIAB CLAIMS-MADE									EACH OCCURRENCE	\$	5,000,000
							OBA-A889660-01		04/01/2017	04/01/2018	AGGREGATE	\$	5,000,000
	DED X RETENTION\$ NIL				ᆫ						DED 0711	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				.						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			EXECUTIVE 7	N N/A		WB3-A889642-03		04/01/2017	04/01/2018	E.L. EACH ACCIDENT	\$	1,000,000	
],		*PROOF OF COVERAGE ONL			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES Kilwi listed polic Liabi	CRIPT ns Cho I as Ad y form lity and	ION OF OPERATIO ocolates Franchise dditional Insured o 391-1006 08 16 wi d Umbrella.	NS / L , Inc. n Prin th reg	.OCATIONS / VEH and Kilwin's Qua nary and Non-Coi jards to General I	CLES (<i>i</i> ity Conf tributor iability,	ACORD ections y basis Autom	i 101, Additional Remarks Schedul I Inc. are per obile	le, may bo	e attached if more	e space is requir	ed)		
CF	RTIF	ICATE HOLD	FR					CANCELLATION					
Kilwins Chocolates Franchise, Inc. & Kilwin's Quality								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Confections, Inc. 1050 Bay View Road Petoskey, MI 49770									AUTHORIZED REPRESENTATIVE				