

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/8/2019

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).

	is certificate does not confer rights to							require an endorsemen	i. A 50	atement on												
PRODUCER						CONTACT NAME: Becky Hart																
Olivier-VanDyk Insurance Agency					PHONE (A/C, No, Ext): 616-454-0800 FAX (A/C, No): 616-454-7100																	
2780 44th Street SW Wyoming MI 49519						E-MAIL ADDRESS: beckyh@ovdinsurance.com																
Tryoning all 10010						INSURER(S) AFFORDING COVERAGE NAIC #																
						INSURER A: Citizens Insurance Company				31534												
INSURED BISSHOL-01						INSURER B:				0.1001												
Bissell Holdings, LLC					INSURER C:																	
PO Box 289 Frankfort MI 49635					INSURER D :																	
Transion Wil 4000					INSURER E :																	
					INSURER F:																	
COVERAGES CERTIFICATE NUMBER: 1113641539						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	NSR ADDLISUBR				POLICY EFF POLICY EXP																	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER ODID491300		(MM/DD/YYYY) 2/1/2019	(MM/DD/YYYY) 2/1/2020															
	CLAIMS-MADE X OCCUR			05.5 10.000		2/1/2010	2/1/2020	DAMAGE TO RENTED														
								PREMISES (Ea occurrence)	\$ 300,0													
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000													
								GENERAL AGGREGATE	\$ 2,000													
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,												
								\$,,000												
OTHER: A AUTOMOBILE LIABILITY				ODID491300		2/1/2019	2/1/2020	COMBINED SINGLE LIMIT \$ 1,0		0.000												
	ANY AUTO			05.5 10.000		27.1120.10		(Ea accident) BODILY INJURY (Per person)	\$,												
	OWNED SCHEDULED							BODILY INJURY (Per accident)	+ -													
	X HIRED X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$													
	AUTOS ONLY AUTOS ONLY						(Per accident) \$															
Α	X UMBRELLA LIAB OCCUR			ODID491300		2/1/2019	2/1/2020	EACH OCCURRENCE	\$1,000	000												
	EVOESS LIAB COOK			05.5 10.000	220.0					0,000												
	DED RETENTION\$							AGGREGATE	\$ 1,000	,,000												
Α	WORKERS COMPENSATION			W2ID491296		2/1/2019	2/1/2020	X PER OTH-	Ψ													
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$1,000	0.000												
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE														
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT														
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOLICT LIMIT	\$ 1,000	,,000												
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	le, may b	attached if more	space is requir	red)														
	Main St, Frankfort, MI 49635	· ·	alita	Confortions Inc. are addit	ional in	oured on a pr		contributory books in rose	rdo to a	onoral												
Kilwins Chocolates Franchise Inc. and Kilwins Quality Confections Inc. are additional insured on a primary & non-contributory basis in regards to general liability, auto liability and umbrella. Waiver of subrogation applies to workers' compensation, general liability, auto liability and umbrella. 30 days notice of																						
cancellation applies.																						
CE	RTIFICATE HOLDER			CANO	CANCELLATION																	
JL	THE POLICE HOLDER				CAN	VALIANTE A LIGHT																
Kilwins Chocolates Franchise 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.																
												Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey MI 49770					AUTHORIZED REPRESENTATIVE					