OP ID: JS

DATE (MM/DD/YYYY) 04/20/2018

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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).

lf tl	f SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	ie tei certi	rms and conditions of th ficate holder in lieu of su	e polic ch end	ey, certain po lorsement(s)	olicies may i	equire an endor	sement	AS	tatement on	
	DUCER	CONTACT Christopher E. Branson C.I.C.										
Bonek Agency, Inc.						PHONE (A/C, No, Ext): 231-271-3623 FAX (A/C, No): 231-271-6189						
PO Box 278 Suttons Bay, MI 49682-0278						E-MAIL chris@bonek.com						
Christopher E. Branson C.I.C.						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A: Michigan Insurance Company						10857				
INSI	JRED Kilwin's of Traverse City	INSURER B:										
	BRIMAR1, Inc.		INSURER C :									
	129 E Front St. Traverse City, MI 49684				INSURER D :							
					INSURER E :							
						INSURER F:						
CC	VERAGES CERT	REVISION NUMBER:										
11	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	RESPEC	OT TO	WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL INSD	DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS		3		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR	Υ	Υ	BOJ 8986544		03/22/2018	03/22/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	500,000	
							14	MED EXP (Any one pe	erson)	\$	5,000	
								PERSONAL & ADV INJURY \$		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/	OP AGG	\$	2,000,000	
_	OTHER:							COMBINED SINGLE I	LIMIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY			DO 1 0000544		02/20/2040	03/23/2040	(Ea accident)		\$	1,000,000	
	ANY AUTO OWNED SCHEDULED	Υ	Υ	BOJ 8986544		03/22/2018	03/22/2019	BODILY INJURY (Per		\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR							FACIL OCCUPRENCE	_	\$	1,000,000	
^	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	4 -		CXJ 8986544		12/28/2018	12/28/2019	AGGREGATE		\$		
	DED X RETENTION\$ 10,000							AGGREGATE		\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	Ψ		
' '	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER FEYER LITTURE Y / N	N/A	Υ	WCJ 8986544		03/22/2018	03/22/2019	E.L. EACH ACCIDEN		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EI			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$	1,000,000	
	DECOMIT HON OF OF ENAMORO BOILD											
L												
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL						e space is requir	ed)				
Kil	wins Chocolates Franchise, Inc. ar	nd K	ilwi	n's Quality Confection	s, Inc.	n						
co	additional insured on a primary a	ır. A	Wa	iver of Subrogation wit	th rega	ard						
to	ritract as their interests may appea General Liability and Worker Comp ocolates Franchise Inc. and Kilwin	ens	atio	on applies in favor of K	ilwin's	3						
Ch	ocolates Franchise Inc. and Kliwin	156	<u> </u> uan	ity Confections inc.								
CE	ERTIFICATE HOLDER	CANCELLATION										
KILWI-1								ESCRIBED POLICI				
Wilming Changlaton Franchise								EREOF, NOTICE	WILL E	BE DE	ELIVERED IN	
Kilwins Chocolates Franchise Inc & Kilwins Quality						ACCORDANCE WITH THE POLICY PROVISIONS.						
Confections Inc						AUTHORIZED REPRESENTATIVE						
		AUTHORIZED REPRESENTATIVE										

1050 Bay View Road

Petoskey, MI 49770

MUSCHOLE

NOTEPAD:

HOLDER CODE INSURED'S NAME KILWI-1 NSURED'S NAME Kilwin's of Traverse City

OP ID: JS

days notice of cancellation or non-renewal will be provided.

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D: JS Date 04/20/2018