



PREVOMA

11/6/2025

PRODUCER Hylant - Ann Arbor 201 Depot Street Ann Arbor, MI 48104-1019	<table border="1"> <tr> <td colspan="2">CONTACT NAME: Cindy Blair</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (419) 724-1990</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Cindy.Blair@Hylant.com</td> </tr> <tr> <td>INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A : ACE Property & Casualty Insurance Company</td> <td>20699</td> </tr> <tr> <td>INSURER B : Bankers Standard Ins Co</td> <td>18279</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Cindy Blair		PHONE (A/C, No, Ext): (419) 724-1990	FAX (A/C, No):	E-MAIL ADDRESS: Cindy.Blair@Hylant.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE Property & Casualty Insurance Company	20699	INSURER B : Bankers Standard Ins Co	18279	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Kilwins Chocolate Shoppe 107 E Liberty #109 Ann Arbor, MI 48104																					

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X	COMMERCIAL GENERAL LIABILITY			X	X	D96114266	5/22/2025	12/31/2025	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE	X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
										MED EXP (Any one person)	\$ 5,000		
										PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000		
	X	POLICY		PRO-JECT							LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:									\$		
											\$		
A	AUTOMOBILE LIABILITY				X	X	D96114266	5/22/2025	12/31/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
		ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per person)	\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
										PROPERTY DAMAGE (Per accident)	\$		
											\$		
											\$		
B	X	UMBRELLA LIAB		X	OCCUR	X	X	D96114278	5/22/2025	12/31/2025	EACH OCCURRENCE	\$ 2,000,000	
		EXCESS LIAB			CLAIMS-MADE						AGGREGATE	\$ 2,000,000	
		DED	X	RETENTION \$ 0								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N					N / A					PER STATUTE	OTH-ER		
										E.L. EACH ACCIDENT	\$		
										E.L. DISEASE - EA EMPLOYEE	\$		
										E.L. DISEASE - POLICY LIMIT	\$		