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KYOUKER DATE (MM/DD/YYYY)

KILWCHO-01

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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						CONTA NAME:	ст					
Carr Insuran 255 N Main S	ce Agency, Ind	.					o, Ext): (937) 4	135-9000	FAX (A/C, No):	(937) 4	435-5939	
Centerville, C						E-MAIL ADDRESS: insurance@carragency.com						
							INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
						INSURE	RA: Erie Ins	urance Exe	change		26271	
INSURED						INSURE	RB:		-			
	Mahlerwein E	nterprise LLC	dba I	Kilwi	ns	INSURE	RC:					
	4391 Holly Ln					INSURE	RD:					
	Beavercreek,	OH 45440				INSURE	RE:					
						INSURE	RF:					
COVERAGE	ES	CER	TIFIC	CATI	E NUMBER:				REVISION NUMBER:			
INDICATED CERTIFICA). NOTWITHST	ANDING ANY R SUED OR MAY	EQUI PER POLI	REM TAIN CIES	SURANCE LISTED BELOW ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSUR	ANCE	ADDL INSD	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
АХсом									EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE	OCCUR	X	X	Q97-0972846		05/01/2018	05/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		5,000	
									MED EXP (Any one person)	\$	1,000,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000		
									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ANY	AUTO		x	x	Q97-0972846	2-0972846			BODILY INJURY (Per person)	\$		
OWN	NED OS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)			
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
		AUTOO ONET								\$		
A X UMB		OCCUR		x					EACH OCCURRENCE	\$	3,000,000	
EXCE	ESS LIAB	CLAIMS-MADE	X		Q29-0172072		05/01/2018	05/01/2019	AGGREGATE	\$		
DED	RETENTIO	N \$	1							\$		
A WORKERS	S COMPENSATION					05/01/2018			PER OTH- STATUTE ER			
		Y / N			Q97-0972846		05/01/2018	05/01/2019	E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYEE	\$			
If yes, desc DESCRIPT	cribe under FION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$		
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 where indicated on Primary and Non-Contributory basis with regards to General Liability and Umbrella. Wavier of Subrogation with regards to General Liability, Automobile Liability, Umbrella where indicated in favor of Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc 30 day notice of cancellation per the GU128												
CERTIFICA	TE HOLDER					CANO	CELLATION					
CERTIFICATE HOLDER CANCELLATION												

SHOU	JLD ANY OF TH	E DESCRIBE	ES BE (CAN	ELLED BEFO	RE
	EXPIRATION ORDANCE WITH		WILL	BE	DELIVERED	IN

AUTHORIZED REPRESENTATIVE

Keeley Yorker

Kilwins Chocolate Franchise Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770

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