

**BHART** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2018

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 this certificate does not confer rights to							require an endors	ement. A	statement on	
PRODUCER Olivier-VanDyk Insurance Agency, Inc. 2780 44th St SW Wyoming, MI 49519					CONTACT NAME:					
					PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) 454-7100 E-MAIL ADDRESS:					
wyoning, wii 49319				ADDRE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#	
	INSURER A : Citizens Insurance Company				31534					
INSURED					INSURER B:					
Knightro Enterprizes Inc. 313 E Main St Charlottesville, VA 22902					RC:					
					INSURER D:					
					INSURER E :					
					INSURER F:					
COVERAGES  THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI	F INS IREM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	TO THE INSUF CT OR OTHER IES DESCRIB	R DOCUMENT WITH F	FOR THE	TO WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBF				POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY	INOD	****			(MINI/DD/11111)	(MIMI/DD/11111)	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR	X	X	O7ID567121		05/01/2018	05/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	300,000	
							MED EXP (Any one pers	son) \$	10,000	
							PERSONAL & ADV INJU	JRY \$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000 2,000,000	
POLICY PRO-							PRODUCTS - COMP/OF		2,000,000	
OTHER:  A AUTOMOBILE LIABILITY							COMBINED SINGLE LIM	/IT \$	1,000,000	
ANY AUTO	х	x	O7ID567121		05/01/2018	05/01/2019	(Ea accident) BODILY INJURY (Per pe	erson) \$	,,	
OWNED SCHEDULED AUTOS ONLY	^	^					BODILY INJURY (Per ac			
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
7.0.00 0.12.								\$		
A X UMBRELLA LIAB X OCCUR						05/01/2019	EACH OCCURRENCE	\$	1,000,000	
EXCESS LIAB CLAIMS-MADE		X	O7ID567121		05/01/2018		AGGREGATE	\$	1,000,000	
DED RETENTION\$							DER (	\$ OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMP			
DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY	LIMIT   \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Kilwins Chocolates Franchise Inc. and Kilw liability, auto liability and umbrella. Waiver	ins C	lualit	y Confections Inc. are add	itional i	insured on a	primary & noi	n-contributory basis			
CERTIFICATE HOLDER					CANCELLATION					
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey, MI 49770					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE					