

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2018

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 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)

	le terms and conditions of the policy, ertificate holder in lieu of such endors				idorse	ment. A stat	ement on th	is certificate does not co	onter ri	gnts to the
PRODUCER					CONTACT NAME:					
					PHONE FAX					
Ma	tt McDermott and Assoc Inc				(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS:					
	N 21ST ST				ADDRE		CURER(E) AFFOR	IDING COVERAGE		NAIC#
	WARK			OH 43055-4201	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE GENERAL INSURANCE COMPANY			23760		
	RED			011 43033-4201						
					INSURER B: NATIONWIDE MUTUAL FIRE INSURANCE COMP# 23779					
	DOCK CANDY				INSURER C:					
	ROCK CANDY					INSURER D:				
4549 BRIDGE PARK AVE			011 40040			INSURER E :				
	DUBLIN	T. F	\ . T	OH 43016	INSURE	RF:		DEVIOLON NUMBER		
				NUMBER:	/F DEF	N ICCLIED TO		REVISION NUMBER:	IE DOI	ICV DEDICE
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE	QUIR	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER [	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F							HEREIN IS SUBJECT TO	) ALL I	HE TERMS,
INSR		ADDL	SUBR		DELIVI	POLICY FFF	POLICY EXP	LIMIT		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			20,000
								DAMAGE TO RENTED	\$ 1,00	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	•	,000
		.,			0=/0./00.0		MED EXP (Any one person)	\$ 5,00		
Α		Χ		ACP BPRG 3018366228		07/24/2018	07/24/2019	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS	Χ						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 1,00	00,000
В	EXCESS LIAB CLAIMS-MADE	Χ		ACP CAF 3018366228		07/24/2018	07/24/2019	AGGREGATE	\$ 1,00	00,000
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE TITIES	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	ا ۲٬۰۲۱						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if more	e space is require	ed)		
Se	e attached Acord 101									
CERTIFICATE HOLDER CANCEL					ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
								Y PROVISIONS.	'E DEL	INEKED IN
					ACCULATION THE COLOT HOTOGRA					
	KILWINS QUALITY CONFEC	CTIOI	NS		AUTHORIZED REPRESENTATIVE					
1050 BAY VIEW RD					Matt McDermott					
PETOSKEY MI 49770-0000										

AGENCY CUSTOMER ID:	
LOC #:	

ACORD®	

## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY		NAMED INSURED					
Matt McDermott and Assoc Inc		ROCK CANDY					
POLICY NUMBER		4549 BRIDGE PARK AVE					
ACP 3018366228		DUBLIN OH 43016					
CARRIER	NAIC CODE						
		EFFECTIVE DATE:	07/24/2018				
ADDITIONAL REMARKS							

		EFFECTIVE DATE.	07/24/2018	
ADDITIONAL REM	MARKS			
THIS ADDITIONAL	REMARKS FORM IS A SCHEDULI	E TO ACORD FORM, ate Of Liability Insurance		
Hired and non-own aggregate. Employ related practices lia the above mention are listed on Prima to Employers Liabil	ned auto coverage is provided under the dishonesty coverage is provided under the ability coverage is provided under the led businessowners policy with a limit ary and Non-Contributory basis with re	the above listed businessowners policy wi under the above mentioned businessowners a above mentioned businessowners policy t of \$1,000,000 each accident. Kilwin's Ch egards to the General Liability, Automobil la in favor of Kilwin's Chocolates Franchise	ith limits of \$1,000,000 per occurrence and \$ ers policy with a limit of \$5,000 for 8 employed with a limit of \$50,000. Stop gap coverage in occidates Franchise, Inc. and Kilwin's Quality e Liability and Umbrella. Waiver of Subrogate, Inc. and Kilwin's Quality Confections, Inc.	ees. Employment- is provided under y Confections, Inc. ation with regards