



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2019

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).

PRODUCER			CONTACT NAME:	
Matt McDermott and Assoc Inc 303 N 21ST ST NEWARK OH 43055-4201			PHONE (A/C, No. Ext):	
			FAX (A/C, No):	
			E-MAIL ADDRESS:	
			INSURER(S) AFFORDING COVERAGE	
INSURED			INSURER A: NATIONWIDE GENERAL INSURANCE COMPANY	
ROCK CANDY 4549 BRIDGE PARK AVE DUBLIN OH 43016			INSURER B: NATIONWIDE MUTUAL FIRE INSURANCE COMP	
			INSURER C:	
			INSURER D:	
			INSURER E:	
			INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		ACP BPRG 3028366228	07/24/2019	07/24/2020	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 5,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
ANY AUTO							BODILY INJURY (Per person) \$	
ALL OWNED AUTOS							BODILY INJURY (Per accident) \$	
HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$	
SCHEDULED AUTOS NON-OWNED AUTOS							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			ACP CAF 3028366228	07/24/2019	07/24/2020	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						CLAIMS-MADE	AGGREGATE \$ 1,000,000
	DED						RETENTION \$	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See attached Acord 101

CERTIFICATE HOLDER KILWINS QUALITY CONFECTIONS 1050 BAY VIEW RD PETOSKEY MI 49770-0000	CANCELLATION 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 Matt McDermott



ADDITIONAL REMARKS SCHEDULE

AGENCY Matt McDermott and Assoc Inc		NAMED INSURED ROCK CANDY 4549 BRIDGE PARK AVE DUBLIN OH 43016	
POLICY NUMBER ACP 3028366228		EFFECTIVE DATE: 07/24/2019	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

Hired and non-owned auto coverage is provided under the above listed businessowners policy with limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. Employee dishonesty coverage is provided under the above mentioned businessowners policy with a limit of \$5,000 for 8 employees. Employment-related practices liability coverage is provided under the above mentioned businessowners policy with a limit of \$50,000. Stop gap coverage is provided under the above mentioned businessowners policy with a limit of \$1,000,000 each accident.

Kilwin's Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed on Primary and Non-Contributory basis with regards to the General Liability Automobile Liability and Umbrella. Waiver of Subrogation with regards to Employers Liability, Automobile Liability, and Umbrella in favor of Kilwin's Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc.