

**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.

	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t							require an endo	rsement	t. As	atement 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:						
wyc	Jilling, Wi 49319	ADDRESS:  INSURER(S) AFFORDING COVERAGE					NAIC#					
		INCLIDE	INSURER A : Citizens Insurance Company					31534				
INSL	JRED	INSURER B:						0.00.				
Sweet Cents Investments, LLC 9903 Gulf Coast Main St, Ste 160 Fort Myers, FL 33913						RC:						
						RD:			-			
						RE:						
						RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:	•			REVISION NUMI	BER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUI	H RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	COMMERCIAL GENERAL LIABILITY		1111			(IIIII) DO TTTT	(MM) DOTT TOTAL	EACH OCCURRENCE	E	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
								MED EXP (Any one pe		\$		
								PERSONAL & ADV IN	JURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$		
_	OTHER:							COMBINED SINGLE L		\$	4 000 000	
Α	AUTOMOBILE LIABILITY		x	AWID566491		04/13/2018	04/13/2019	(Ea accident)	_IIVII I	\$	1,000,000	
	X ANY AUTO	X						BODILY INJURY (Per	person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per	accident)	\$		
								PROPERTY DAMAGE (Per accident)	-	\$		
										\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	=	\$		
	DED RETENTION\$	1						AGGREGATE		\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N		χV	W2ID566498		04/13/2018	04/13/2019	E.L. EACH ACCIDENT		\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EN			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$	1,000,000	
	DESCRIPTION OF CHANNELS BOILD							E.E. BIOE/IGE T GER	<u> </u>	Ψ		
DES Kilw liabi	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ins Chocolates Franchise Inc. and Kilw lity. Waiver of subrogation applies to a	LES ( <i>i</i> ins Q iuto li	ACORI lualit iabilit	o 101, Additional Remarks Schedu y Confections Inc. are add y and workers' compensa	<sub>ile, may t</sub> itional i tion. A	e attached if moi nsured on a j 30 day notice	re space is requir primary & noi e of cancellat	red) n-contributory bas ion applies.	sis with I	regard	s to auto	
CF	RTIFICATE HOLDER				CANO	CELLATION						
OLIVIII IOATE HOLDER						VARIOLLEATION						
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						
					( Fee	kyllart						