MLEONARD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/18/2018

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.

Rob 800	DUCER Dertson Ryan - Lake Geneva Geneva Parkway, Suite 101 e Geneva. WI 53147				CONTACT Mary Leonard PHONE (A/C, No, Ext): (262) 812-5872 872 E-MAIL ADDRESS: mleonard@robertsonryan.com				_{lo):} (262	_{):} (262) 248-1017	
Lak	e Geneva, Wi 55147									NAIC #	
					INSURER(S) AFFORDING COVERAGE INSURER A : Citizens Insurance Company of America				ica	31534	
INSI	JRED				INSURER B:					31334	
	LGSweets LLC dba Kilwins	l aka	Con	ovo	INSURER C :						
	772 Main Street, Ste 101	Lake	Gen	eva	INSURER D :						
	Lake Geneva, WI 53147				INSURER E :						
					INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER			
IN C E INSR		PER POLI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY POLICY EFF	CT OR OTHER ES DESCRIB PAID CLAIMS. POLICY EXP	R DOCUMENT WITH RESED HEREIN IS SUBJEC	SPECT T	TO WHICH THIS	
A LTR	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000	
	CLAIMS-MADE X OCCUR		x	OB1D573028		05/11/2018	05/11/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	oz mile miloz (X) essen	X	X	OB12373020		03/11/2010		MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC		2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X MON-OWNED AUTOS ONLY			OB1D573028		05/11/2018	05/11/2019	BODILY INJURY (Per perso	n) \$		
								BODILY INJURY (Per accide	ent) \$		
								PROPERTY DAMAGE (Per accident)	\$		
								\$			
Α	X UMBRELLA LIAB X OCCUR	X	x			05/11/2018	05/11/2019	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			OB1D573028				AGGREGATE	\$	1,000,000	
_	DED RETENTION \$							DED OT	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	x	WD4D570400		05/01/2018	05/01/2019	X PER STATUTE OTHER	-	4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WB1D572498				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	/EE \$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	IIT \$	1,000,000	
Kilw to G Kilw atta	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC vins Chocolates Franchise, Inc. and Kilv eeneral Liability and Umbrella. Waiver o vins Chocolates Franchise, Inc. and Kilv ched. Day Notice of Cancellation applies	vin's of Sub	Quali roga	ty Confections, Inc. are lis tion applies to Workers Co	ted as / ompens	Additional Ins ation/Employ	ured on a Pr ers Liability,	imary & Non-contribut General Liability and l	Jmbrell	a in favor of	
CE	RTIFICATE HOLDER				CANO	ELLATION					
Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1050 Bay View Road			AUTHORIZED REPRESENTATIVE							

Petoskey, MI 49770

lancy a. Barrish



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WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY EXTENSION OF INFORMATION PAGE - AMENDED POLICY

ENDORSEMENT EFFECTIVE 05/01/2018 NUMBER 01

000404 0484 PENDING RATE CHANGE END.

REASON AMENDED: ADD ALT EMPL LIAB EFF 05/01/18
SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME NO. FOR THIS POLICY PERIOD

	ARRIER CODE	NO. 11002										
Policy	Number	Policy Period om To	Coverage is Provided in the		Agency Code							
WB1-D57		5/01/2018 05/01/2019	CITIZENS INSURANCE COMPANY OF AM	3809001								
ITEM 1.	4-271-3575											
LGSWEETS LLC ROBERTSON-RYAN AND ASSOC												
772 MAIN STREET STE 101 TWO PLAZA EAST SUITE 650												
LAKE GE	NEVA, WI 5314	1 7	330 EAST KILBOURN AVENUE MILWAUKEE, WI 53202									
Federal ID No. 820694808U												
POLIC'	Y ** E	NDORSEMENT/F	ORM SCHEDULE **	SCHEDUL PAGE	E 1							
11102	•			THOD	-							
STATE	NUMBER			EFFECTIV	E							
				DATE								
WI	000310 04	84 SOLE PROP., PARTNER	S, OFFICERS & OTHERS COV	05/01/1	8							
WI	*000301A02	289 ALTERNATE EMPLOYER	ENDORSEMENT	05/01/1	8							
WI	*3310230	MANUSCRIPT FORM		05/01/1	8							
WI	000424 01	117 AUDIT NONCOMPLIANCE	CHARGE ENDORSEMENT	05/01/1	8							
WI	480601C04	401 WI LAW ENDORSEMENT		05/01/1	8							
WI	000414 07	790 NOTIFICATION OF CHA	NGE IN OWNERSHIP ENDORSEMENT	05/01/1	8							
WI	480606B01	02 WI CANCELLATION AND	NON RENEWAL ENDORSEMENT	05/01/1	8							
WI	000422801	115 TRIPRA DISCLOSURE E	NDORSEMENT	05/01/1	8							
WI	000313 04	84 WAIVER OF OUR RIGHT	TO RECOVER FROM OTHERS	05/01/1	8							
WI	990606 06	316 WI WC CITIZENS-FLAT	DIVIDEND PLAN ENDORSEMENT	05/01/1	8							
WI	000000001	115 WORKERS COMP AND EM	PLOYERS LIABILITY INS POLICY	05/01/1	8							

Form 331-0226 (9-03) Date Issued: 05/15/2018

WI

Payment Type: DIRECT BILL

05/01/18



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WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY EXTENSION OF INFORMATION PAGE - AMENDED POLICY

ENDORSEMENT EFFECTIVE 05/01/2018 NUMBER 01 REASON AMENDED: ADD ALT EMPL LIAB EFF 05/01/18

SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME NO. FOR THIS POLICY PERIOD

CARRIER CODE NO. 11002

 Policy Number
 Policy Period
 Coverage is Provided in the
 Agency Code

 WB1-D572498-00
 05/01/2018
 05/01/2019
 CITIZENS INSURANCE COMPANY OF AMERICA
 3809001

ITEM 1. Named Insured and Address

LGSWEETS LLC 772 MAIN STREET STE 101 LAKE GENEVA, WI 53147

Federal ID No. 820694808U

Agent

Telephone: 414-271-3575

ROBERTSON-RYAN AND ASSOC TWO PLAZA EAST SUITE 650 330 EAST KILBOURN AVENUE MILWAUKEE, WI 53202

MISCELLANEOUS INFORMATION

DOING BUSINESS AS:

KILWINS LAKE GENEVA

Form 331-0226 (9-03) Date Issued: 05/15/2018

ORIGINAL/INSURED Payment Type

Payment Type: DIRECT BILL

WC000001B



MANUSCRIPT FORM THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE FULL NAME FOR THE ALTERNATE EMPLOYERS ENDORSEMENT IS:

INC. KILWIN'S CHOCOLATE FRANCHISE KILWIN'S QUALIT Y CONFECTIONS INC. 105
0 BAY VIEW ROAD PETROSKEY, MI 49770



ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

Alternate Employer
 (SEE MANUSCRIPT FORM FOR NAME)

Address
1050 BAY VIEW ROAD PETROSKEY

- State of Special or Temporary Employment MI
- Contract or Project (SEE MANUSCRIPT)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No. WB1-D572498-00

Endorsement No. Premium \$

Insurance Company CITIZENS INSURANCE COMPANY OF AMERICA

Countersigned By_____