

6H
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	From	Policy Period To	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

Agent Telephone: 414-271-3575
 ROBERTSON-RYAN AND ASSOC
 TWO PLAZA EAST SUITE 650
 330 EAST KILBOURN AVENUE
 MILWAUKEE, WI 53202

Federal ID No. 820694808U

POLICY ** E N D O R S E M E N T / F O R M S C H E D U L E ** SCHEDULE
 PAGE 4 PAGE 1

STATE NUMBER EFFECTIVE DATE

WI	000310 0484	SOLE PROP., PARTNERS, OFFICERS & OTHERS COV	05/01/18
WI	*000301A0289	ALTERNATE EMPLOYER ENDORSEMENT	05/01/18
WI	*3310230	MANUSCRIPT FORM	05/01/18
WI	000424 0117	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	05/01/18
WI	480601C0401	WI LAW ENDORSEMENT	05/01/18
WI	000414 0790	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	05/01/18
WI	480606B0102	WI CANCELLATION AND NON RENEWAL ENDORSEMENT	05/01/18
WI	000422B0115	TRIPRA DISCLOSURE ENDORSEMENT	05/01/18
WI	000313 0484	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	05/01/18
WI	990606 0616	WI WC CITIZENS-FLAT DIVIDEND PLAN ENDORSEMENT	05/01/18
WI	000000C0115	WORKERS COMP AND EMPLOYERS LIABILITY INS POLICY	05/01/18
WI	000404 0484	PENDING RATE CHANGE END.	05/01/18



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MILWAUKEE, WI 53202

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MISCELLANEOUS INFORMATION

DOING BUSINESS AS:

KILWINS LAKE GENEVA

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. KILWINS CHOCOLATE FRANCHISE
Y CONFECTIONS INC. KILWIN'S QUALIT 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

- | | |
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| <ol style="list-style-type: none"> 1. Alternate Employer
(SEE MANUSCRIPT FORM FOR NAME) 2. State of Special or Temporary Employment
MI 3. Contract or Project
(SEE MANUSCRIPT) | <p>Address
1050 BAY VIEW ROAD PETROSKEY</p> |
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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 _____