MLEONARD



CERTIFICATE OF LIABILITY INSURANCE

04/02/2019

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 have ADDITIONAL INSURED provisions or 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).

tl	nis c	certificate does not confer rights				ich end	lorsement(s)	j.	require an endorsemen	i. A 5	atement on
PRODUCER Robertson Ryan - Lake Geneva					CONTACT Mary Leonard PHONE (A/C, No, Ext): (262) 812-5872 872 FAX (A/C, No): (262) 248-1017						
800	Gen	neva Parkway, Suite 101 eneva, WI 53147				E-MAIL	ss. mleonar	d@roberts	onryan.com	(202)	240-1017
						ADDRE			RDING COVERAGE		NAIC #
						INSURE			Company of Americ	а	31534
INSURED							INSURER B:				
		LGSweets LLC dba Kilwins	Lake	Gen	eva	INSURE					
		772 Main Street, Ste 101				INSURER D:					
		Lake Geneva, WI 53147				INSURE	RE:				
						INSURE	RF:				
СО	VER	RAGES CEI	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	IDICA ERTI	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY I IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQUI ' PER I POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		x	OB1D573028		05/11/2019	,	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000
			X						MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC					PRODUCTS - COMP/OP AGG		\$	2,000,000	
Α	AUT	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO				OB1D573028		05/11/2019	05/11/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
Α	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE		XX	OB1D573028		05/11/2019	05/11/2020	AGGREGATE	\$	1,000,000
	DED RETENTION \$							NED OTH	\$		
Α	AND	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WB1D572498		05/01/2019	05/04/2020	X PER OTH- STATUTE ER		1.000.000
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE NICER/MEMBER EXCLUDED?	N/A	X	WD 1D372490		05/01/2019	05/01/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under				i				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
to G Kilw atta	ener ins (ched	TION OF OPERATIONS / LOCATIONS / VEHIC Chocolates Franchise, Inc. and Kil ral Liability and Umbrella. Waiver Chocolates Franchise, Inc. and Kil d.	of Sub	roga	tion applies to Workers Co	mpens	ation/Employ	ers Liability,	General Liability and Um	brella	in favor of
CE	RTIF	FICATE HOLDER				CANO	CELLATION				
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 Petoskey, MI 49770							AUTHORIZED REPRESENTATIVE				



WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY EXTENSION OF INFORMATION PAGE RENEWAL OF WB1-D572498

6H

CARRIER	CODE NO	14002

	122		CARRIER CODE NO. 11002						
Policy Number	Policy Period From To	Coverage is Provided in the	Agency Code						
WB1-D572498-01	05/01/2019 05/01/2020	CITIZENS INSURANCE COMPANY OF AN	MERICA 3809001						
ITEM 1. Named Ins	ured and Address	Agent Telephone: 4	14-271-3575						
LGSWEETS LLC		ROBERTSON-RYAN AND ASSO	C						
772 MAIN STREET	STE 101	TWO PLAZA EAST SUITE 650							
LAKE GENEVA, WI	53147	330 EAST KILBOURN AVENUE	330 EAST KILBOURN AVENUE MILWAUKEE, WI 53202						
Federal ID No. 820694808U POLICY ** ENDORSEMENT/FORM SCHEDULE ** SCHEDULE									
PAGE 4	POLICY ** ENDORSEMENT/FORM SCHEDULE ** PAGE 4								
			PAGE 1						
STATE NUMBER	₹		EFFECTIVE						
			DATE						
WI *00031	0 0484 SOLE PROP., PARTNER	RS, OFFICERS & OTHERS COV	05/01/19						
WI *00030	LA0289 ALTERNATE EMPLOYER	ENDORSEMENT	05/01/19						
WI *33102	MANUSCRIPT FORM		05/01/19						
WI *00042	4 0117 AUDIT NONCOMPLIANCE	E CHARGE ENDORSEMENT	05/01/19						
WI ¥48060	CO401 WI LAW ENDORSEMENT		05/01/19						
WI *00041	AA0119 NOTIFICATION OF CHA	ANGE IN OWNERSHIP ENDORSEMENT	05/01/19						
WI *48060	SB0102 WI CANCELLATION AND	D NON RENEWAL ENDORSEMENT	05/01/19						
WI *000422	2B0115 TRIPRA DISCLOSURE E	ENDORSEMENT	05/01/19						
WI *000313	0484 WAIVER OF OUR RIGHT	T TO RECOVER FROM OTHERS	05/01/19						
WI *990600	6 0616 WI WC CITIZENS-FLAT	T DIVIDEND PLAN ENDORSEMENT	05/01/19						

WORKERS COMP AND EMPLOYERS LIABILITY INS POLICY

Form 331-0226 (9-03) Date Issued: 02/26/2019 05/01/19

05/01/19

PENDING RATE CHANGE END.

WI

WI

*000000C0115

*000404 0484



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 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.

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-D572498-01

Endorsement No. Premium \$

Insurance Company CITIZENS INSURANCE COMPANY OF AMERICA

Countersigned By_____