



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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.

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.

PRODUCER: Robertson Ryan - Lake Geneva; CONTACT NAME: Mary Leonard; PHONE: (262) 812-5872; FAX: (262) 248-1017; E-MAIL ADDRESS: mleonard@robertsonryan.com; INSURER(S) AFFORDING COVERAGE: Citizens Insurance Company of America; NAIC #: 31534

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kilwins Chocolates Franchise, Inc. and Kilwin's Quality Confections, Inc. are listed as Additional Insured on a Primary & Non-contributory basis with regards to General Liability and Umbrella.

30 Day Notice of Cancellation applies

CERTIFICATE HOLDER: Kilwins Chocolates Franchise, Inc.; 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: Nancy A. Barrish



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

6H

CARRIER CODE NO. 11002

Policy Number	From	Policy Period To	Coverage is Provided in the	Agency Code
WB1-D572498-01	05/01/2019	05/01/2020	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	05/01/19
WI	*000301A0289	ALTERNATE EMPLOYER ENDORSEMENT	05/01/19
WI	*3310230	MANUSCRIPT FORM	05/01/19
WI	*000424 0117	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	05/01/19
WI	*480601C0401	WI LAW ENDORSEMENT	05/01/19
WI	*000414A0119	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	05/01/19
WI	*480606B0102	WI CANCELLATION AND NON RENEWAL ENDORSEMENT	05/01/19
WI	*000422B0115	TRIPRA DISCLOSURE ENDORSEMENT	05/01/19
WI	*000313 0484	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS	05/01/19
WI	*990606 0616	WI WC CITIZENS-FLAT DIVIDEND PLAN ENDORSEMENT	05/01/19
WI	*000000C0115	WORKERS COMP AND EMPLOYERS LIABILITY INS POLICY	05/01/19
WI	*000404 0484	PENDING RATE CHANGE END.	05/01/19

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

331-0230

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

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| 1. Alternate Employer
(SEE MANUSCRIPT FORM FOR NAME) | Address
1050 BAY VIEW ROAD PETROSKEY |
| 2. State of Special or Temporary Employment
MI | |
| 3. 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 \$
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Insurance Company **CITIZENS INSURANCE COMPANY OF AMERICA**

Countersigned By _____