

MPOINTER



DATE (MM/DD/YYYY) 5/18/2020

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).

τι	iis c	ertificate does	not	conter rights t	o tne	cert	ificate noider in lieu of su	ich end	orsement(s)	•				
PRC	DUCE	≣R						CONTA NAME:	CT Melissa	Pointer				
Robertson Ryan - Lake Geneva 500 Interchange N. #103													(414)	271-0196
Lake Geneva, WI 53147									E-MAIL ADDRESS: mpointer@robertsonryan.com					
								INSURER(S) AFFORDING COVERAGE					NAIC#	
									INSURER A: Citizens Insurance Company of America					31534
INSURED									INSURER B:					
LGSweets LLC dba Kilwins Lake Geneva 772 Main Street, Ste 101 Lake Geneva, WI 53147									INSURER C :					
									INSURER D :					
									INSURER E :					
								INSURER F:						
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:					
			TH				SURANCE LISTED BELOW	HAVF B	FEN ISSUED 1				HF PO	OLICY PERIOD
11 C	NDIC/ ERTI	ATED. NOTWIT	HST E IS	TANDING ANY F SSUED OR MAY	REQUI	IREMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WI'S ED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE						SUBR		POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X COMMERCIAL GENERAL LIABILITY				INOD	1112			(MINIOD/1111)	(MINI/DD/1111)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR				X	X	OB1D573028		5/11/2020	5/11/2021	DAMAGE TO RENT PREMISES (Ea occ		\$	300,000
						^	02.120.13020				MED EXP (Any one		\$	10,000
											PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGRE		\$	2,000,000
	POLICY PRO- OTHER:										PRODUCTS - COM		\$	2,000,000
											TROBUCTO COM	1701 7100	\$	
Α	AUTOMOBILE LIABILITY										COMBINED SINGLI (Ea accident)	E LIMIT	\$	1,000,000
	ANY AUTO OWNED SCHEDULED					OB1D573028		5/11/2020	5/11/2021	BODILY INJURY (P	er person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY									PROPERTY DAMA (Per accident)	GE	\$		
												\$	4 000 000	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE					x	OB1D573028		5/11/2020	5/11/2021	EACH OCCURREN	CE	\$	1,000,000
					<b>X</b>						AGGREGATE		\$	4 000 000
	DED RETENTION \$										DED	OTH-	\$	1,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					x	NATE AD		5/4/0000	E/4/0004	PER STATUTE	ER ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below				N/A		WB1D572498		5/1/2020	5/1/2021	E.L. EACH ACCIDE	NT	\$	1,000,000
											E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000
											E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000
Kilw to G Kilw atta	rins ( ener rins ( ched	Chocolates Frai ral Liability and Chocolates Frai I.	nchi: Uml nchi:	se, Inc. and Kilv brella. Waiver o se, Inc. and Kilv	vin's of Sub	Quali oroga	D 101, Additional Remarks Schedu ity Confections, Inc. are lis ition applies to Workers Co ity Confections, Inc. Umbr	ted as ompens	Additional Ins sation/Employ	ured on a Pr ers Liability,	imary & Non-cor General Liability	y and Um	brella	in favor of
JU L	ay N	lotice of Cancel	ıatıc	лі аррііеѕ										
CF	RTIF	FICATE HOLD	FR					CANCELLATION						
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 Petoskey						AUTHORIZED REPRESENTATIVE						