

BHART



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2018

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.

lf th	SUBROGATION IS WAIVED, subjetis certificate does not confer rights to	ct to o the	the cert	terms and conditions of ificate holder in lieu of ຣເ	ich end	lorsement(s)	policies may	require an endorseme	nt. As	tatement on	
PRODUCER Olivier-VanDyk Insurance Agency, Inc.						CONTACT NAME: PHONE (CAC) AEA 0000 FAX (CAC) AEA 74.00					
						PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) 454-710					
2780 44th St SW Wyoming, MI 49519					E-MAIL ADDRESS:						
Tyoning, iii 40010						INSURER(S) AFFORDING COVERAGE					
						RA: The Ha	• •	IDING COVERAGE		NAIC # 22357	
JLS-1, LLC 2203 William Dr						INSURER B:				22301	
						INSURER C:					
						INSURER D:					
Valparaiso, IN 46385										+	
					INSURER E : INSURER F :				+		
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
TI IN CI	HIS IS TO CERTIFY THAT THE POLICY DICATED. NOTWITHSTANDING ANY RESTRICT OR MAY ESTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	ES O EQUI PER POLI	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR R DOCUMENT WITH RES ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO		-	
	OTHER:								\$	-	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accider			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							X PER OTH- STATUTE ER			
			Х	81WECAB1MSN		01/20/2018	01/20/2019	E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYI	EE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	т \$	1,000,000	
DES(A Wa	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC liver of subrogation applies to workers	LES (A	ACORI pens	D 101, Additional Remarks Scheduation. A 30 day notice of o	ile, may b cancella	e attached if mor ation applies.	re space is requir	ed)			
CE.	OTIEICATE HOLDED				CANC	CILATION					
Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey, MI 49770						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					
						Beckyflart					