

NNEUMANN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2020

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 contificate holder is an ADDITIONAL INSURED, the notice/(ics) must have ADDITIONAL INSURED provisions or be endorsed

| | DUCE | ertificate does not confer rights t | | | | CONTACT NAME: | .,,,, | • | | | |
|---------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------|------------------------------------------------------------------|-----------|--------------|
| Sch 107 | uber N. M | rg Insurance Agency, Inc. Nichigan Avenue ids, MI 49307 | | | | PHONE (A/C, No, Ext): (231) 796-5881 FAX (A/C, No): (231 E-MAIL address: info@schubergagency.com | | | | | 796-5022 |
| Dig | ιταρ | nus, IIII 43307 | | | | | | | | NAIC # | |
| | | | | | | INSURER A : HO | | • | | | 26638 |
| INSL | IRED | | | | INSURER B : Auto Owners Insurance Co | | | | | 18988 | |
| | | Old Pioneer Store & Empori | | | INSURER C: | | | | | 10000 | |
| Carlleen Rose 118 N Michigan | | | | | | INSURER D: | | | | | |
| | | Big Rapids, MI 49307-1402 | | | INSURER E: | | | | | | |
| | | | | | | INSURER F: | | | | | |
| СО | VER | RAGES CER | TIFIC | CATE | NUMBER: | REVISION NUMBER: | | | | | |
| IN C E | IDICA ERTI XCLU | IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | PER POLI | IREMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | N OF ANY CON DED BY THE P BEEN REDUCEI | NTRA OLIC D BY | CT OR OTHER CIES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESP SED HEREIN IS SUBJECT | ECT T | O WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | POLICY (MM/DD/Y | EFF YYY) | POLICY EXP (MM/DD/YYYY) | LIMI | TS | |
| Α | | CLAIMS-MADE OCCUR | | | 9115516200 | 10/11/2 | 2020 | 10/11/2021 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | Included |
| | | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | 2 000 000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | | 2,000,000 | |
| Α | AOTOMOBILE LIABILITY | | | | | | 10/11/2020 | 10/11/2021 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | | | | 9115516200 | 10/11/3 | | | | \$ | .,000,000 |
| | | ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | | 9113316200 | 10/11/2 | 10/11/2020 | 10/11/2021 | BODILY INJURY (Per person) | \$ | |
| | Х | HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) | | |
| | A | AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | | |
| В | Х | UMBRELLA LIAB X OCCUR | | | | 10/11/2020 | | EACH OCCURRENCE | \$ | 2,000,000 | |
| | | EXCESS LIAB CLAIMS-MADE | | | 5068666400 | | 2020 | 10/11/2021 | AGGREGATE | \$ | |
| | | DED X RETENTION \$ 10,000 | | | | | | - NOONLONIE | \$ | 2,000,000 | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | 10/11/2020 | 10/11/2021 | PER OTH- STATUTE ER | | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | 16005994 | 10/11/2 | | | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | | | N/A | | | | | | E.L. DISEASE - EA EMPLOYE | E \$ | 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHIC OR CONFECTIONERY STORE | LES (| ACORE | 0 101, Additional Remarks Schedu | le, may be attached | if mo | re space is requir | red) | | |
| | | | | | | | | | | | |
| | | Chocolates Franchisne, Inc. and Ki utomobile, and Umbrella. Waiver of | | | | | | | | | |
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| CF | RTIF | FICATE HOLDER | | | | CANCELLATION | | | | | |
| | | | | | | | | | | | |
| | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | |
| | | KILWINS CHOCOLATES FR. ADDITIONAL INSURED | ANCI | HISE | INC. | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |

ACORD 25 (2016/03)

355 N DIVISION ROAD PETOSKEY, MI 49770

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AUTHORIZED REPRESENTATIVE