

NNEUMANN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PROI	PRODUCER					CONTACT NAME:					
	uberg Insurance Agency, Inc. N. Michigan Avenue			PHONE (A/C, No, Ext): (231) 796-5881 FAX (A/C, No): (231)				796-5022			
Big Rapids, MI 49307					E-MAIL ADDRESS: info@schubergagency.com						
						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Home Owners Insurance Co				26638	
Old Pioneer Store & Emporium						INSURER B : Auto Owners Insurance Co				18988	
						INSURER C:					
Carlleen Rose 118 N Michigan					INSURER D:						
Big Rapids, MI 49307-1402						INSURER E :					
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RES ED HEREIN IS SUBJEC	SPECT TO	O WHICH THIS	
INSR LTR	SR TYPE OF INSURANCE		ADDL SUBR POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS			MITS		
Α	COMMERCIAL GENERAL LIABILITY	III OD			(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		EACH OCCURRENCE	\$	Included	
	CLAIMS-MADE OCCUR			9115516200		10/11/2021	10/11/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$		
										2.000.000	

A	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ Included
	CLAIMS-MADE OCCUR	9115516200	10/11/2021	10/11/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					\$
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO	9115516200	10/11/2021	10/11/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
						\$
В	X UMBRELLA LIAB X OCCUR	5068666400	10/11/2021	10/11/2022	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
	DED X RETENTION\$ 10,000					\$ 2,000,000
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	16005994		10/11/2022	PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		10/11/2021		E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANDY OR CONFECTIONERY STORE

Kilwins Chocolates Franchisne, Inc. and Kilwins Quality onfections, Inc are listed as additional insured on primary and non-contributory basis with regard to GL, Automobile, and Umbrella. Waiver of Subrogation with regards to WC, GL, Auto, and umbrella 30 days notice of cancellation to Kilwins-reference store #8

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

KILWINS CHOCOLATES FRANCHISE INC. ADDITIONAL INSURED 355 N DIVISION ROAD PETOSKEY, MI 49770

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