

NNEUMANN

DATE (MM/DD/YYYY)	
10/0/2023	

OLDPION-01

ACOND	CER	TIFICATE OF LIA		SURAN	CE		0/9/2023
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY SURAN	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALT	TER THE CO	VERAGE AFFORDED	ATE HO BY TH	LDER. THIS IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjection to the set of t	ct to t	the terms and conditions of	the policy, certain	policies may			
PRODUCER			CONTACT NAME: PHONE (224) 705 5994 FAX (224) 705 5022				
Schuberg Insurance Agency, Inc. 107 N. Michigan Avenue			(A/C, No, Ext): (エンリ /	796-5881	796-5022		
Big Rapids, MI 49307			E-MAIL ADDRESS: info@schubergagency.com				
			INS	NAIC #			
			INSURER A : Home (		26638		
INSURED Old Pioneer Store & Empor	ium		INSURER B : Auto O		18988		
Carlleen Rose			INSURER C : INSURER D :	+			
118 N Michigan Big Rapids, MI 49307-1402							
			INSURER F :				
COVERAGES CER	RTIFICA	ATE NUMBER:			<b>REVISION NUMBER:</b>		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRI	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESI	PECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SI INSD W	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		9115516200	10/11/2023	10/11/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	Included 10,000
					MED EXP (Any one person)	\$	10,000
					PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGO	\$ ; \$ ;	2,000,000
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO		9115516200	10/11/2023	10/11/2024	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS   X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	t) \$ \$ \$	
B X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
EXCESS LIAB CLAIMS-MADE		5068666400	10/11/2023	10/11/2024	AGGREGATE	\$	
DED X RETENTION \$ 10,000	)					\$	2,000,000
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	16005994	10/11/2023	10/11/2024	PER OTH- STATUTE ER E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE	E\$	1,000,000 1,000,000
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	5	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC CANDY OR CONFECTIONERY STORE	LES (AC	:ORD 101, Additional Remarks Schedu	le, may be attached if mo	re space is requir	ed)		
CANDY OR CONFECTIONERY STORE Kilwins Chocolates Franchise, Inc. and Kilv GL, Automobile, and Umbrella. Waiver of S #8	wins Qu	uality onfections, Inc are listed	l as additional insur	ed on primary	and non-contributory		
CERTIFICATE HOLDER			CANCELLATION			-	
KILWINS CHOCOLATES FRANCHISE INC. ADDITIONAL INSURED 355 N DIVISION ROAD			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
PETOSKEY, MI 49770			AUTHORIZED REPRESE	NTATIVE			

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