



OLDPION-01

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2024

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).

PRODUCER Schuberg Insurance Agency, Inc. 107 N. Michigan Avenue Big Rapids, MI 49307	CONTACT NAME:		
	PHONE (A/C, No, Ext): (231) 796-5881	FAX (A/C, No): (231) 796-5022	
	E-MAIL ADDRESS: info@schubergagency.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : Home Owners Insurance Co	26638	
INSURED  Old Pioneer Store & Emporium Carleen Rose 118 N Michigan Big Rapids, MI 49307-1402	INSURER B : Auto Owners Insurance Co	18988	
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			9115516200	10/11/2024	10/11/2025	EACH OCCURRENCE	Included
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		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
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			9115516200	10/11/2024	10/11/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			5068666400	10/11/2024	10/11/2025	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$ 2,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A106646075	10/11/2024	10/11/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							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 Franchise, 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

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 

**ACORD™ EVIDENCE OF PERSONAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
**10/09/2023**

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY Schuberg Insurance Agency, Inc. 107 N. Michigan Avenue Big Rapids, MI 49307		PHONE (A/C, No, Ext): <b>(231) 796-5881</b> FAX (A/C, No): <b>(231) 796-5022</b> E-MAIL ADDRESS: <b>info@schubergagency.com</b>		COMPANY Home Owners Insurance Co P.O. Box 30660 Lansing, MI 48909	
CODE:		SUB CODE:			
AGENCY CUSTOMER ID #: <b>OLDPION-01</b>					
INSURED		LOAN NUMBER		POLICY NUMBER	
Old Pioneer Store & Emporium 118 N Michigan Big Rapids, MI 49307-1402				<b>9115516200</b>	
		EFFECTIVE DATE		EXPIRATION DATE	
		<b>10/11/2023</b>		<b>10/11/2024</b>	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION
Loc # 1, Bldg # 1, 118 N Michigan Ave, Big Rapids, MI 49307, Candy Or Confectionery Store

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BI and PD occurrence Limit		
Aggregate Limit	<b>\$2,000,000</b>	
Medical expense (per person) Limit	<b>\$10,000</b>	
Products & completed operations Limit	<b>\$2,000,000</b>	
Auto - hired liability - Bodily injury Limit		
Auto - Non-owned Limit	<b>\$1,000,000</b>	
Crime - Employee dishonesty Limit	<b>\$15,000</b>	
Fungi/bacteria/mold Limit		
SEE ATTACHED ACORD 101		

**REMARKS (Including Special Conditions)**

Special Conditions: Spoilage \$10,000.00 limit Business Income & Extra Expense - actual loss sustained
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**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW <u>30</u> DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.
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**ADDITIONAL INTEREST**

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	

Kilwins Chocolates Franchise Inc  
 355 N Division Rd  
 Petoskey, MI 49770

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Schuberg Insurance Agency, Inc.</b>		NAMED INSURED <b>Old Pioneer Store &amp; Emporium 118 N Michigan Big Rapids, MI 49307-1402</b>	
POLICY NUMBER <b>9115516200</b>			
CARRIER <b>Home Owners Insurance Co</b>	NAIC CODE <b>26638</b>	EFFECTIVE DATE: <b>10/11/2023</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

**Coverage Information:**

Loc # 1, Bldg # 1

Building, Amount of Insurance: \$657,100, Deductible: 500

Building Ordinance or Law, Amount of Insurance: \$50,000, Deductible: 500

EDP/Computer Data/media, Amount of Insurance: \$25,000

Fine arts, Amount of Insurance: \$10,000, Deductible: 500

Forgery or alteration, Amount of Insurance: \$10,000, Deductible: 500

Accounts Receivable, Amount of Insurance: \$100,000, Deductible: 500

Money and Securities on Premises (Outside), Amount of Insurance: \$15,000, Deductible: 0

Money and Securities on Premises (Inside), Amount of Insurance: \$15,000, Deductible: 500

Outdoor property, Amount of Insurance: \$10,000, Deductible: 500

Valuable Papers, Amount of Insurance: \$50,000, Deductible: 500

Personal Property, Amount of Insurance: \$248,480, Deductible: 500

Sign, Amount of Insurance: \$5,000, Deductible: 500