



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2018

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. 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	Glisenan and Company LLP 213 E Ridgewood Avenue P O. Box 785 Ridgewood		CONTACT NAME: John Glisenan PHONE (A/C, E): (201) 445-1600 FAX (A/C, No): (201) 445-5343 EMAIL ADDRESS: john@glisenaninsurance.com
INSURED	PDMC Enterprises Inc. DBA T/A Kilwins of Ridgewood 121 East Ridgewood Avenue Ridgewood		INSURER(S) AFFORDING COVERAGE
	NJ 07451-0785		INSURER A: Preferred Mutual Insurance Company
			INSURER B: Berkshire Hathaway/Guard Insurance Company
			INSURER C:
			INSURER D:
			INSURER E:
			INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL1842700319 **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	TYPE OF INSURANCE	ADJL/ISBR	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	BOP0100728944	04/23/2018	04/23/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC OTHER:		Y	BOP0100728944	04/23/2018	04/23/2019	COMBINED SINGLE LIMIT (EA Resident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY		Y	BOP0100728944	04/23/2018	04/23/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	UMBRELLA LIAB EXCESS LIAB		Y	UC0100511340	04/23/2018	04/23/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	PDWC868655	11/21/2017	11/21/2018	E.L. EACH ACCIDENT \$ 1,000,000 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)
Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. are included as additional insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to General Liability, Automobile Liability, and Umbrella in favor of Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confection, Inc.

CERTIFICATE HOLDER **CANCELLATION**

Kilwin's Chocolates Franchise, Inc 1050 Bay View Road Petoskey	MI 49770	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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