



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2019

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 Gilsenan and Company LLC 213 E Ridgewood Avenue P.O. Box 785 Ridgewood	CONTACT NAME John T Gilsenan	PHONE (A/C No., Ext.) (201) 445-1600	FAX (A/C No.) (201) 445-5343
INSURED PDMC Enterprises Inc. DBA: KIWINS of Ridgewood 121 East Ridgewood Avenue Ridgewood	EMAIL ADDRESS john@gilsenaninsurance.com	INSURER(S) AFFORDING COVERAGE INSURER A: Blackboard Insurance Company INSURER B: New Hampshire Insurance Company INSURER C: Berkshire Hathaway INSURER D: INSURER E: INSURER F:	NAIC # 26611 23841 25844
		INSURER POLICY NUMBER: NJ 07451-0785	REVISION NUMBER: NJ 07450

INSR LTR	TYPE OF INSURANCE	ADDR SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE	PER STATUTE
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					\$ 1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
A	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP/AGG	\$ 2,000,000
						COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	AUTOMOBILE LIABILITY					BODILY INJURY (Per person)	\$
A	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>					BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$ 1,000,000
B	UMBRELLA LIAB EXCESS LIAB					AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
						PER STATUTE	\$ 1,000,000
						OTH-ER	\$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NJ)					E.L. EACH ACCIDENT	\$ 1,000,000
	If use 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)
Kilwins Chocolates Franchise, Inc. and Kilwins Quality Confections, Inc. are listed as additional insured on Primary and Non-Contributory basis with regards to General Liability, Automobile Liability and Umbrella. Waiver of Subrogation with regards to Workers' Compensation/employers Liability, General Liability, Automobile Liability, Umbrella in favor of Kilwins Chocolates Franchise, Inc and Kilwins Quality Confection, Inc. 30 Day Notice of Cancellation Applies. Form # 25

CERTIFICATE HOLDER

Kilwins Chocolates Franchise, Inc.
1050 Bay View Road
Petoskey

MI 49770

CANCELLATION

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