

CEDTIFICATE OF LIARII ITY INSURANCE

DATE (MM/DD/YYYY)

BHART

FSQUARE-01

| | | | | | ADIL | | UKAN | JE | 12 | /01/2017 | |
|---|---|-------|-----|----------------------------------|---|--|-------------------|--|----------------|-------------|--|
| 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). | | | | | | | | | | | |
| PRC | DUCER | | | | CONTAC NAME: | т | | | | | |
| | vier-VanDyk Insurance Agency, Inc. | | | | PHONE (A/C, No, Ext): (616) 454-0800 FAX (A/C, No): (616) 4 | | | | 454-7100 | | |
| 2780 44th St SW Wyoming, MI 49519 | | | | | | E-MAIL ADDRESS: | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | | INSURER A : Selective Insurance Company | | | | | NAIC # | |
| INSI | JRED | | | | INSURER B : | | | | | | |
| | F Squared, LLC | | | | INSURER C : | | | | | | |
| | 1155 Grandiflora Dr | | | | INSURER D : | | | | | | |
| | Leland, NC 28451 | | | | INSURER E : | | | | | | |
| | | | | | INSURER F : | | | | | | |
| 0.0 | VERAGES CER | TIFIC | | E NUMBER: | | | | REVISION NUMBER: | | | |
| | HIS IS TO CERTIFY THAT THE POLICIE | | - | - | HAVE BI | EEN ISSUED | | | HE PO | LICY PERIOD | |
| 11 | DICATED. NOTWITHSTANDING ANY R | EQUI | REM | ENT, TERM OR CONDITIO | N OF A | NY CONTRA | CT OR OTHER | DOCUMENT WITH RESPE | ст то | 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 | | | | | | POLICY EFF (MM/DD/YYYY) | | LIMIT | s | | |
| A | X COMMERCIAL GENERAL LIABILITY | INSU | WVD | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | х | x | B7102121 | | 12/01/2017 | 12/01/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | |
| | | ~ | ^ | | | | | MED EXP (Any one person) | \$ | 10,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | φ\$ | 2,000,000 | |
| | OTHER: | | | | | | | PRODUCTS - COMP/OF AGG | <u>э</u> \$ | | |
| Α | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | <u>э</u> \$ | 1,000,000 | |
| | | х | x | B7102121 | | 12/01/2017 | 12/01/2018 | BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY AUTOS | ~ | ^ | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | (| \$ | | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | EXCESS LIAB CLAIMS-MADE | Х | Х | B7102121 | | 12/01/2017 | 12/01/2018 | AGGREGATE | \$ | 1,000,000 | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY |] N/A | x | | 12/01 | | 12/01/2018 | X PER OTH- STATUTE ER | | | |
| | | | | W7102121 | | 12/01/2017 | | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | ES (/ | | 0 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | ed) | narde | to general | |
| | 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 additional insured on a primary & non-contributory basis in regards to general liability, auto liability and umbrella. A waiver of subrogation applies to general liability, auto liability, umbrella and workers' compensation. A 30 day notice of | | | | | | | | | | |
| can | cancellation applies. | | | | | | | | | | |
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| CE | RTIFICATE HOLDER | | | CANCELLATION | | | | | | | |
| | | | | | | | | | | | |
| Kilwing Characters Frenching Inc | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| 1050 Bay View Rd | | | | | | | | | | | |
| Petoskey, MI 49770 | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |

| Beckyf | lart- |
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