

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

MFELG

**DIANKIT-01** 

										1.	24/2020	
C B	ERT	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES	
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje	ct to	the	terms and conditions of	the po	licy, certain	policies may				
-		ertificate does not confer rights t	o the	cert	ificate noider in lieu of si							
PRODUCER Insight Risk Management, LLC							CONTACT Parri Gareau NAME: PHONE FAX					
1107 8th Avenue South							(A/Ć, No, Ext): (A/Ć, No):					
Nashville, TN 37203						E-MAIL ADDRESS: pgareau@irmllc.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Massachusetts Bay Insurance					22306	
						INSURER B :						
Diane's Kitchen, LLC dba D 201 West Big Beaver Suite Troy, MI 48084				Crunc	h Snacks	INSURER C : INSURER D :						
		1 roy, INI 48084				INSURER E :						
							INSURER F :					
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:			
IN C	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	2,000,000	
		CLAIMS-MADE X OCCUR			OH5H164617		1/24/2020	1/24/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GEI	J N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	X								PRODUCTS - COMP/OP AGG	\$	4,000,000	
		OTHER:								\$		
Α			-						COMBINED SINGLE LIMIT	э \$	2,000,000	
		ANY AUTO			OH5H164617		1/24/2020	1/24/2021	(Ea accident)	ъ \$		
		OWNED SCHEDULED AUTOS					1/2-1/2020		BODILY INJURY (Per person)			
	x	AUTOS ONLY AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	<b>^</b>	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	-	UMBRELLA LIAB OCCUR		-						\$		
									EACH OCCURRENCE	\$		
	-		-						AGGREGATE	\$		
	wor	DED RETENTION \$							PER OTH-	\$		
		EMPLOYERS' LIABILITY							STATUTE ER			
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$		
	If ve	s. describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	CRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$		
DES	CPIPT	TION OF OPERATIONS / LOCATIONS / VEHIC			) 101 Additional Remarks School	ule may h	e attached if mor	e snace is roovin	red)	1		
563		NON OF OFERATIONS / LOCATIONS / VEHIC		ACORL	S TOT, AUGUODAL REMAINS SCHEDU	ure, may t	e allacheu il illoi	e space is requi	icuj			
05	יידם					C A 1/2						
CERTIFICATE HOLDER							CANCELLATION					
FOR INFORMATIONAL PURPOSES ONLY							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHO	RIZED REPRESE	NTATIVE				
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