



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/15/2017

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS River Valley Insurance PO Box 907 Minocqua, WI 54548-1907 Contact name: Gayle Gesick		PHONE (A/C, No, Ext): (800) 224-9764	COMPANY NAME AND ADDRESS Frankenmuth Insurance 1 Mutual Avenue Frankenmuth, MI 48787-0001	NAIC NO: 13986
FAX (A/C, No): (715) 356-4998	E-MAIL ADDRESS: info@rivervalley-insurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 0480801	SUB CODE:		POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: MINOSWE-01		LOAN NUMBER		POLICY NUMBER BOP6316787
NAMED INSURED AND ADDRESS Minocqua Sweet Treats, LLC PO Box 785 Minocqua, WI 54548		EFFECTIVE DATE 3/10/2017	EXPIRATION DATE 3/10/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 320 Oneida St, Minocqua, WI 54548

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 EVIDENCE OF PROPERTY INSURANCE 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.

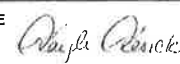
COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 250,000	DED: 500		
	YES	NO	N/A
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE			
BLANKET COVERAGE			If YES, LIMIT: Actual Loss Sustained; # of months:
TERRORISM COVERAGE			If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?			
LIMITED FUNGUS COVERAGE			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			
REPLACEMENT COST			
AGREED VALUE			
COINSURANCE			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			If YES, LIMIT: DED:
- Demolition Costs			If YES, LIMIT: DED:
- Incr. Cost of Construction			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)			If YES, LIMIT: DED:
FLOOD (If Applicable)			If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			

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.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS KILWINS CHOCOLATE FRANCHISE Inc 1050 Bay View Rd Petoskey, MI 49770-9006		AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY River Valley Insurance		NAMED INSURED Minocqua Sweet Treats, LLC PO Box 785 Minocqua, WI 54548	
POLICY NUMBER BOP6316787			
CARRIER Frankenmuth Insurance	NAIC CODE 13986	EFFECTIVE DATE: 03/10/2017	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Remarks:
Policy Includes:
Spoilage Coverage - \$10,000
Business Income - 12 Months Actual Loss Sustained
30 Notice of Cancellation



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PRODUCER NAME, CONTACT PERSON AND ADDRESS River Valley Insurance PO Box 907 Minocqua, WI 54548-1907		PHONE (A/C, No, Ext): (800) 224-9764	COMPANY NAME AND ADDRESS Frankenmuth Insurance 1 Mutual Avenue Frankenmuth, MI 48787-0001		NAIC NO: 13986
Contact name: Gayle Gesick		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No): (715) 356-4998		E-MAIL ADDRESS: info@rivervalley-insurance.com			
CODE: 0480801		POLICY TYPE Commercial Package			
AGENCY CUSTOMER ID #: TICHGRO-01		LOAN NUMBER		POLICY NUMBER CPP6316782	
NAMED INSURED AND ADDRESS Tichacek Group, LLC PO Box 785 Minocqua, WI 54548		EFFECTIVE DATE 3/10/2017		EXPIRATION DATE 3/10/2018	
ADDITIONAL NAMED INSURED(S)		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED			
THIS REPLACES PRIOR EVIDENCE DATED:					

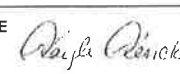
PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
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COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 416,000						DED: 500
<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A		Actual Loss Sustained; # of months:
BLANKET COVERAGE						If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE						Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE						If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST						
AGREED VALUE						
COINSURANCE						If YES, %
EQUIPMENT BREAKDOWN (If Applicable)						If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg						If YES, LIMIT: DED:
- Demolition Costs						If YES, LIMIT: DED:
- Incr. Cost of Construction						If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)						If YES, LIMIT: DED:
FLOOD (If Applicable)						If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:						If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:						If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

CANCELLATION
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ADDITIONAL INTEREST		LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE		LENDER SERVICING AGENT NAME AND ADDRESS	
CONTRACT OF SALE MORTGAGEE					
NAME AND ADDRESS		AUTHORIZED REPRESENTATIVE 			

**ADDITIONAL REMARKS SCHEDULE**

AGENCY River Valley Insurance		NAMED INSURED Tichacek Group, LLC PO Box 785 Minocqua, WI 54548	
POLICY NUMBER CPP6316782			
CARRIER Frankenmuth Insurance	NAIC CODE 13986	EFFECTIVE DATE: 03/10/2017	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Remarks:
Tichacek Group, LLC & Minocqua Sweet Treats, LLC have the same owners.