



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
4/29/2019

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	PHONE (A/C, No, Ext): (800) 472-1544	COMPANY NAME AND ADDRESS Frankenmuth Insurance 1 Mutual Avenue Frankenmuth, MI 48787-0001	NAIC NO: 13986
Contact name: Tracy Berg	E-MAIL ADDRESS: info@rivervalley-insurance.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (715) 841-1393	AGENCY CUSTOMER ID #: MINOSWE-01	POLICY TYPE Business Owners Policy	
CODE: 0480801	NAMED INSURED AND ADDRESS Minocqua Sweet Treats, LLC PO Box 785 Minocqua, WI 54548	LOAN NUMBER	POLICY NUMBER 6616790
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 3/10/2019		EXPIRATION DATE 3/10/2020
			<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  
Loc # 1, Bldg # 1, 320 Oneida St, Minocqua, WI 54548, Candy, Nut & Confectionery - No Cooking On Premises

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
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	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**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS Kilwins Chocolate Franchise In c 1050 Bay View Rd Petoskey, MI 49770-9006			AUTHORIZED REPRESENTATIVE <i>Jose Kimball</i>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>River Valley Insurance</b>		NAMED INSURED Minocqua Sweet Treats, LLC PO Box 785 Minocqua, WI 54548	
POLICY NUMBER <b>6616790</b>			
CARRIER <b>Frankenmuth Insurance</b>	NAIC CODE <b>13986</b>	EFFECTIVE DATE: <b>03/10/2019</b>	

**ADDITIONAL REMARKS**

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

Remarks:  
 2019  
 Policy Includes:  
 Spoilage Coverage- \$10,000  
 Business Income - 12 Months Actual Loss Sustained  
 30 Notice of Cancellation