

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/28/2018 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. CONTACT PERSON AND ADDRESS PHONE (A/C No. Ext): 631-261-6300 HARTT INSURANCE AGENCY, INC. 45 MAIN STREET COMPANY NAME AND ADDRESS NAIC NO: Merchants Insurance Group 250 Main Street PO Box 4031 NORTHPORT, NY 11768 Phil Marrone Jr. Buffalo, NY 14240 FAX (A/C, No): 631-261-0366 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH CODE: 14570 POLICY TYPE SUB CODE: AGENCY CUSTOMER ID #: CHRIS-3 **BUSINESS OWNERS POLICY** POLICY NUMBER NAMED INSURED AND ADDRESS CONFECTIONS LLC 109 MAIN ST C & D PORT JEFFERSON, NY 11777 LOAN NUMBER BOPI095175 EFFECTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL 05/15/18 05/15/19 TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: ADDITIONAL NAMED INSURED(S) PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ☐ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY LOCATION / DESCRIPTION 109 Main Street Port Jefferson, NY 11777 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. X | SPECIAL COVERAGE INFORMATION **BROAD** PERILS INSURED BASIC COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 390,000 DED: 1,000 YES NO N/A ☐ RENTAL VALUE X BUSINESS INCOME Actual Loss Sustained; # of months: X If YES, LIMIT: X 12 BLANKET COVERAGE X If YES, indicate value(s) reported on property identified above: \$ TERRORISM COVERAGE X Attach Disclosure Notice / DEC IS THERE A TERRORISM-SPECIFIC EXCLUSION? IS DOMESTIC TERRORISM EXCLUDED? LIMITED FUNGUS COVERAGE X If YES, LIMIT: DFD: FUNGUS EXCLUSION (If "YES", specify organization's form used) Χ REPLACEMENT COST X AGREED VALUE X COINSURANCE If YES, X % **EQUIPMENT BREAKDOWN (If Applicable)** DFD: If YES, LIMIT: ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg X If YES, LIMIT: DED: X If YES, LIMIT: DFD: - Demolition Costs - Incr. Cost of Construction Χ If YES, LIMIT: DED EARTH MOVEMENT (If Applicable) X If YES, LIMIT: DFD: FLOOD (If Applicable) X If YES, LIMIT: DFD: WIND / HAIL INCL ☐ YES ☐ NO Subject to Different Provisions: X If YES, LIMIT: DFD: NAMED STORM INCL ☐ YES ☐ NO Subject to Different Provisions: Χ If YES, LIMIT: DFD PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE X 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 LENDER SERVICING AGENT NAME AND ADDRESS MORTGAGEE CONTRACT OF SALE LENDERS LOSS PAYABLE NAME AND ADDRESS Kilwins Chocolates Franchise Inc. Kilwin's Quality Confecti 1050 Bay View Road Petoskey, MI 49770 AUTHORIZED REPRESENTATIVE

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