



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

OP ID: KH

DATE (MM/DD/YYYY)  
07/15/2019

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 <b>HARTT INSURANCE AGENCY, INC.</b> 45 MAIN STREET NORTHPORT, NY 11768 Phil Marrone Jr.		PHONE (A/C, No, Ext): <b>631-261-6300</b>	COMPANY NAME AND ADDRESS <b>Merchants Insurance Group</b> 250 Main Street PO Box 4031 Buffalo, NY 14240	NAIC NO:
FAX (A/C, No): <b>631-261-0366</b>	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: <b>14570</b>	SUB CODE:	POLICY TYPE <b>BUSINESS OWNERS POLICY</b>		
AGENCY CUSTOMER ID #: <b>CHRIS-3</b>	NAMED INSURED AND ADDRESS <b>CHRISSY'S CONFECTIONS LLC</b> 109 MAIN ST C & D PORT JEFFERSON, NY 11777		LOAN NUMBER	POLICY NUMBER <b>BOPI095175</b>
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE <b>05/15/19</b>	EXPIRATION DATE <b>05/15/20</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)**     BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION <b>109 Main Street</b> <b>Port Jefferson, NY 11777</b>
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.

<b>COVERAGE INFORMATION</b>	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 397,500</b>				DED: <b>1,000</b>
	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: <b>12</b>
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				
IS DOMESTIC TERRORISM EXCLUDED?				
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>		
REPLACEMENT COST		<input checked="" type="checkbox"/>		
AGREED VALUE		<input checked="" type="checkbox"/>		
COINSURANCE		<input checked="" type="checkbox"/>		If YES,    %
EQUIPMENT BREAKDOWN (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
- Demolition Costs			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
- Incr. Cost of Construction			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:    DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>	

**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 checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS  <b>Kilwins Chocolates Franchise Inc. Kilwin's Quality Confecti</b> <b>1050 Bay View Road</b> <b>Petoskey, MI 49770</b>		AUTHORIZED REPRESENTATIVE  <i>Philip J. Marrone Jr</i>

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)