



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/08/2023

**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.**

<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> R.J. Fregenti Associates, Inc. Wendy Collins 350 Jericho Turnpike Jericho NY 11753		<b>PHONE (A/C, No, Ext):</b> (516) 681-0101	<b>COMPANY NAME AND ADDRESS</b> Merchants Mutual Ins. Co. 1393 Veterans Highway Suite 410N Hauppauge NY 11788	<b>NAIC NO:</b> 23329
<b>FAX (A/C, No):</b> (516) 681-0227	<b>E-MAIL ADDRESS:</b> Certs@RJFAssoc.com	<b>IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH</b>		
<b>CODE:</b> 42345	<b>SUB CODE:</b>	<b>POLICY TYPE</b> BOP		
<b>AGENCY CUSTOMER ID #:</b> 00003402		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> BOPI095175	
<b>NAMED INSURED AND ADDRESS</b> Chrissy's Confections LLC 109 Main St Port Jefferson NY 11777-2813		<b>EFFECTIVE DATE</b> 05/15/2023	<b>EXPIRATION DATE</b> 05/15/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>ADDITIONAL NAMED INSURED(S)</b>		<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>		

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

**LOCATION / DESCRIPTION**  
109 Main St  
Port Jefferson NY 11777-2813

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:	\$ 434,358	DED: 1,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
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?	<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE	<input 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 checked="" 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 type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	<b>LENDER SERVICING AGENT NAME AND ADDRESS</b>
<b>NAME AND ADDRESS</b> Kilwins Chocolates Franchise Inc. Kilwin's Quality Confections 1050 Bay View Road Petoskey MI 49770		<b>AUTHORIZED REPRESENTATIVE</b> 

AGENCY CUSTOMER ID: 00003402

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

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AGENCY R.J. Fregenti Associates, Inc.		NAMED INSURED Chrissy's Confections LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 28      **FORM TITLE:** Evidence of Commercial Property Insurance: Notes

\$25,000 Spoilage Coverage incl within Commercial Package Policy BOP1095175