



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/12/2025

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,<br>CONTACT PERSON AND ADDRESS<br>R.J. Fregenti Associates, Inc.<br>Wendy Collins<br>350 Jericho Turnpike<br>Jericho NY 11753 |  | PHONE<br>(A/C, No, Ext): (516) 681-0101                                                               | COMPANY NAME AND ADDRESS<br>Merchants Mutual Ins. Co.<br>1393 Veterans Highway<br>Suite 410N<br>Hauppauge NY 11788 |                                                                   | NAIC NO: 23329              |
| FAX<br>(A/C, No): (516) 681-0227                                                                                                            |  | E-MAIL<br>ADDRESS: Certs@RJFAssoc.com                                                                 |                                                                                                                    | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH            |                             |
| CODE: 42345                                                                                                                                 |  | SUB CODE:                                                                                             |                                                                                                                    | POLICY TYPE<br>BOP                                                |                             |
| AGENCY<br>CUSTOMER ID #: 00003402                                                                                                           |  | NAMED INSURED AND ADDRESS<br>Chrissy's Confections LLC<br>109 Main St<br>Port Jefferson NY 11777-2813 |                                                                                                                    | LOAN NUMBER                                                       | POLICY NUMBER<br>BOPI095175 |
| ADDITIONAL NAMED INSURED(S)                                                                                                                 |  | EFFECTIVE DATE<br>05/15/2025                                                                          | EXPIRATION DATE<br>05/15/2026                                                                                      | CONTINUED UNTIL<br>TERMINATED IF CHECKED <input type="checkbox"/> |                             |
|                                                                                                                                             |  | THIS REPLACES PRIOR EVIDENCE DATED:                                                                   |                                                                                                                    |                                                                   |                             |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION / DESCRIPTION<br>109 Main St<br>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                               | <input checked="" type="checkbox"/> SPECIAL                                               |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 447,388                                                          |  | DED: 1,000                          |                                     |                                     |                                                                                           |
|                                                                                                                       |  | 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: 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 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 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<br>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

|                                                                                                                       |                                                |            |                                       |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|---------------------------------------|
| CONTRACT OF SALE <input checked="" type="checkbox"/>                                                                  | LENDER'S LOSS PAYABLE <input type="checkbox"/> | LOSS PAYEE | LENDER SERVING AGENT NAME AND ADDRESS |
| MORTGAGEE <input type="checkbox"/>                                                                                    |                                                |            |                                       |
| NAME AND ADDRESS<br>Kilwins Chocolates Franchise Inc. Kilwin's Quality<br>1050 Bay View Road<br><br>Petoskey MI 49770 |                                                |            | AUTHORIZED REPRESENTATIVE<br>         |

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