



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

THIS EVIDENCE OF 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.

|                                                                                                          |                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| AGENCY<br>Olivier VanDyk Insurance Agency, Inc.<br>37 Ottawa Ave NW, Suite 400<br>Grand Rapids, MI 49503 | PHONE<br>(A/C, No, Ext): 616-454-0800                | COMPANY<br>The Hartford<br>PO Box 2999<br>Hartford, CT 06104-2999 |
| FAX<br>(A/C, No): 616-454-7100                                                                           | E-MAIL<br>ADDRESS: certificates.sbu@ovdinsurance.com |                                                                   |
| CODE:                                                                                                    | SUB CODE:                                            |                                                                   |
| AGENCY<br>CUSTOMER ID #:                                                                                 |                                                      |                                                                   |
| INSURED<br>DG Enterprises, LLC<br>386 Main St<br>Hyannis MA 02601-3904                                   | LOAN NUMBER                                          | POLICY NUMBER<br>81SBAIK4256                                      |
|                                                                                                          | EFFECTIVE DATE<br>12/15/2025                         | EXPIRATION DATE<br>12/15/2026                                     |
|                                                                                                          |                                                      | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
|                                                                                                          | THIS REPLACES PRIOR EVIDENCE DATED:                  |                                                                   |

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
386 Main St, Hyannis, MA 02601

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

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Business Personal Property  
Tenants Improvements & Betterments  
Spoilage  
Business Income & Extra Expense - 12 month ALS  
Wind Included

335,400  
185,000  
25,000

1,000  
1,000

## REMARKS (Including Special Conditions)

30 day notice of cancellation

## 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

|                                                                                                                                         |                                                   |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|
| NAME AND ADDRESS<br><br>Kilwins Chocolates Franchise Inc.<br>Kilwins Quality Confections Inc.<br>1050 Bay View Rd<br>Petoskey, MI 49770 | ADDITIONAL INSURED<br><br>MORTGAGEE<br><br>LOAN # | LENDER'S LOSS PAYABLE<br><br><br><br>AUTHORIZED REPRESENTATIVE<br> |
|                                                                                                                                         |                                                   | <input type="checkbox"/> LOSS PAYEE                                |