

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/20/2021

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.

| ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST. | | | | | | | | | | | |
|--|----------------------|--|----------------------|--------------------------|-------------------------------------|---------|-----------|------------------------|------------------|-----------------|--|
| AGENCY | PHONE (A/C, No, E | xt): 616-454-0800 | COMPANY The Hartford | | | | | | | | |
| Olivier-VanDyk Insurance Agency | | | | | PO Box 2999 | | | | | | |
| 2780 44th Street SW Wyoming, MI 49519 | | | | | Hartford, CT 06104-2999 | | | | | | |
| | | | | | | | | | | | |
| FAX 040 454 7400 E-MAIL 045 040 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | | |
| (A/C, No): 616-454-7100 | | | | | | | | | | | |
| CODE: AGENCY CUSTOMER ID #: | | SUB CODE: | | | | | | | | | |
| CUSTOMER ID #: INSURED | | | | | LOAN NUMBER POLICY NUMBER | | | | | | |
| CM Treats, LLC; CM Ventures Inc.; CM Tennesweets, LLC; CM Terminus Treats, LLC CM Brookhaven, LLC Columbus GA 31901 | | | | | | | | | 81SBAAN2ZC3 | | |
| | | | | EFFECTIVE DATE EXPIRATIO | | | TION DATE | N DATE CONTINUED UNTIL | | | |
| | | | | 10/1 | 10/16/2021 10/16/2 | | | | | | |
| | | | | | THIS REPLACES PRIOR EVIDENCE DATED: | | | | | | |
| | | | | | | | | | | | |
| PROPERTY INFORMATION | | | | | | | | | | | |
| Location/DESCRIPTION Location 1: 1230 Broadway, | Columbus | , GA 31901 | | | | | | | | | |
| Location 2: 408 S Gay St, Knoxville, TN 37902 Location 3: 1380 Atlantic Dr, Atlanta, GA 30363 Location 4: 705 Town Blvd SE, Atlanta, GA 30319 | | | | | | | | | | | |
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| 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 TER | | | | | | | | | | | |
| COVERAGE INFORMATIO | N | PERILS INSURED | BASIC | BROAD | X SPE | CIAL | | | | | |
| | | COVERAGE / PERILS / | FORMS | | | | | | UNT OF INSURANCE | DEDUCTIBLE | |
| Location 1: Business Personal Property Location 1: Tenants Improvements & Betterments Location 2: Business Personal Property Location 2: Tenants Improvements & Betterments Location 3: Business Personal Property Location 3: Tenants Improvements & Betterments Location 4: Business Personal Property Location 4: Business Personal Property Location 4: Tenants Improvements & Betterments Business Income & Extra Expense - 12 month ALS Spoilage Wind Included | | | | | | | | 266,5 185,0 | | 1,000 1.000 | |
| | | | | | | | | 250,0 | 00 | 1,000 | |
| | | | | | | | | 185,0 224,5 | | 1,000 1,000 | |
| | | | | | | | | 185,0 205,0 | | 1,000 1,000 | |
| | | | | | | | | 185,0 | | 1,000 | |
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| | | | | | | | | | | | |
| REMARKS (Including Spe | | litions) | | | | | | | | | |
| 30 Day Notice of Cancellation | 1 | | | | | | | | | | |
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| CANCELLATION | | | | | | | | | | | |
| SHOULD ANY OF THE AS DELIVERED IN ACCORDA | | | | BEFORE TH | IE EXPIRA | ATION D | ATE 1 | HEREO | F, NOTICE WILL | BE | |
| | ANCE WII | H THE FOLICT FROVISI | ONO. | | | | | | | | |
| ADDITIONAL INTEREST NAME AND ADDRESS | | | | ADDITIO | NAL INSURE | ווח | ENDER' | S L OSS PA | YARI E I | .OSS PAYEE | |
| | | ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE | | | | | | | | | |
| | | | | LOAN# | | | | | | | |
| Kilwins Chocol | | | | | | | | | | | |
| Kilwins Quality Confections Inc. 1050 Bay View Rd | | | | | REPRESENT | ATIVE | | | | | |
| Petoskey, MI 4 | | | Reckyflart | | | | | | | | |
| I | my | Daylant | | | | | | | | | |