

**EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)  
02/01/2017

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 <b>CBIZ Insurance Services, Inc.</b> 2475 Northwinds Parkway Suite 500 Alpharetta, GA 30009		PHONE (A/C, No, Ext): <b>470 282-2545</b>	COMPANY <b>Trumbull Ins Co.member of The Hartford</b> <b>Hartford Plaza</b> <b>Hartford, CT 06115</b>	
FAX (A/C, No): <b>678-297-7772</b>	E-MAIL ADDRESS: <b>whaynes@cbiz.com</b>			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: <b>146361</b>		LOAN NUMBER		POLICY NUMBER <b>20SBAIT7357</b>
INSURED <b>CM Treats, LLC dba Kilwin's</b> <b>1230 Broadway Suite A</b> <b>Columbus, GA 31901</b>		EFFECTIVE DATE <b>11/21/16</b>	EXPIRATION DATE <b>11/21/17</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
**Location #1 1230 Broadway Ste a Columbus, GA 31901-2431**

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**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
<b>Business Personal Property</b>	<b>205,000</b>	<b>500</b>
<b>Betterments &amp; Improvements</b>	<b>185,000</b>	
<b>Spoilage Due to Breakdown/contamination/power outage</b>	<b>20,000</b>	
<b>Replacement Cost Basis</b>		
<b>Agreed Value With Coinsurance Suspended</b>		
<b>Special Coverage Form</b>		
<b>30 Day Notice of Cancellation</b>		
<b>Loss of Business Income &amp; Extra Expense - ALS</b>	<b>12 months</b>	<b>72 Hour</b>

**REMARKS (Including Special Conditions)**

**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 <b>Kilwins Chocolates Franchise</b> <b>Inc. &amp; Kilwin's Quality</b> <b>Confections Inc.</b> <b>Petoskey , MI 49770</b>	<input checked="" type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE <b>CBIZ Insurance Services, Inc.</b>		