

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/17/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFTER COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	FIRMATIVELY OR NEG INSURANCE DOES NO	SATIVELY AME OT CONSTITUT	ND. EXTEND	OR ALTER THE
AGENCY PHONE (AIC, No. Ext): 210-255-8686	COMPANY		N.E.	NC# 25143
State Farm Lynsie Maldonado				20170
1100 NW Loop 410 Ste 218	State Farm Fire and Cas	ualty Company		
San Antonio, TX 78213				
FAX (A/C, No): 210-426-8928 E-MAIL ADDRESS: lynsie.maldonado.e7cv@statefarm.com	1			
CODE: 53 SUB CODE: 2438				
AGENCY CUSTOMER ID #:				
INSURED	LOAN NUMBER POLICY NUMBER			
Larry Rosenberger	90ECC3707			
109 S Alamo Piz	EFFECTIVE DATE	EXPIRATION		
San Antonio, TX 78205	01/01/2018	01/01/20	·	CONTINUED UNTIL TERMINATED IF CHECKED
	THIS REPLACES PRIOR EVID			
PROPERTY INFORMATION				
LOCATION/DESCRIPTION	VI			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY C EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH P	ONTRACT OR OTHER D	OCUMENT WI	TH RESPECT	TO WHICH THIS SCRIBED HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD SPECIA	L I		
COVERAGE / PERILS / FORMS			AMOUNT OF INS	URANCE DEDUCTIBLE
Premise:				
Building Betterments & Improvements			185000	1000
Business Personal Property			205000	1000
Spoilage due to break down/contamination/power outage		1	15000	
Replacement Cost Basis				
Agreed Value with Coinsurance Suspended		1		
Special Coverage Form				
30 day notice of cancellation		i		
Loss of business Income & Extra Expense- Actual Loss Sustained		1	12 months	
Wind and Hail Coverage- Separate policy if excluded on		1	72 months	
REMARKS (Including Special Conditions)				
			- (E)	
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	EFORE THE EXPIRATION	ON DATE THE	REOF, NOTIC	E WILL BE
ADDITIONAL INTEREST				
NAME AND ADDRESS	ADDITIONAL BIOLOGO	LICHEROLO	O DAVAD: 2	I I LOGO DAVITE
	ADDITIONAL INSURED	LENDER'S LOS	DO PAYABLE	LOSS PAYEE
KILWINS QUALITY CONFECTIONS, INC	MORTGAGEE	. 1		
109 Alamo Plz	LOAN#			
San Antonio, TX 78205				TO THE PROPERTY OF THE PERSON NAMED IN THE PER
	AUTHORIZED REPRESENTATI	VEN/M)	
ACORD 27 (2016/03)	© 1993	2015 ACORPS	CORPORATI	ON. All rights reserved.

AGENCY CUSTOMER ID: LOC #:	

AGENCY		NAMED INSURED		
State Farm-Lynsie Maldonado	Larry Rosenberger			
POLICY NUMBER	109 S Alamo Plz			
90ECC3707		San Antonio, TX 78205		
CARRIER	NAIC CODE			
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 01/01/2018		
ADDITIONAL REMARKS				

T GETOT HOMBEN		109 S Alamo Piz		
90ECC3707		San Antonio, TX 78	8205	
CARRIER	NAIC CODE			
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE:	01/01/2018	
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM.			
FORM NUMBER: 27 FORM TITLE: EVIDENC		ISURANCE		
		in the second		
Flood Coverage- Required if located in Federally designate	ted Flood plain			
Betterments/BPP & BI/EE Coverage	tod i toda piam			