| ACORD |
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## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

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| EVIDENCE OF PRO   | FERTT INSU   | RANCE                                  |                             | 4/12/2019                          |  |
|---|--|--|-----------------------------|------------------------------------|--|
| THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE<br>ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE<br>COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE<br>ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.   |  |  |                             |                                    |  |
| AGENCY PHONE<br>(A/C, No, Ext): 616-454-0800  | COMPANY  |  |                             |                                    |  |
| Olivier-VanDyk Insurance Agency<br>2780 44th Street SW<br>Wyoming, MI 49519   | Citizens Insurance Company<br>808 North Highlander Way<br>Howell, MI 48843 |  |                             |                                    |  |
|   |  |  |                             |                                    |  |
| FAX<br>(A/C, No): 616-454-7100 E-MAIL<br>ADDRESS: beckyh@ovdinsurance.com   |  |  |                             |                                    |  |
| CODE: SUB CODE:   |  |  |                             |                                    |  |
| AGENCY<br>CUSTOMER ID #:  |  |  |                             |                                    |  |
| INSURED<br>JRS Ventures, LLC<br>3521 N Hoyne  | LOAN NUMBER  |  | POLICY NUMBER<br>O7ID530780 |                                    |  |
| Chicago, IL 60618   | EFFECTIVE DATE   | EXPIRATION DATE                        |                             |                                    |  |
|   | 04/01/2019   | 04/01/2020                             |                             | TINUED UNTIL<br>MINATED IF CHECKED |  |
|   | THIS REPLACES PRIOR EVIDE  | INCE DATED:                            |                             |                                    |  |
| PROPERTY INFORMATION  |  |  |                             |                                    |  |
| LOCATION/DESCRIPTION<br>1724 Sherman Ave, Evanston, IL 60201  |  |  |                             |                                    |  |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.<br>NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS<br>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 X SPECIAI  | _                                      |                             |                                    |  |
| COVERAGE / PERILS / FORMS   |  | AMO                                    | UNT OF INSURAN              | CE DEDUCTIBLE                      |  |
| Business Personal Property including Tenants Betterments & Improvements<br>Business Income & Extra Expense - 12 month ALS<br>Spoilage<br>Wind Included  |  | 409,5<br>25,00                         |                             | 500                                |  |
| REMARKS (Including Special Conditions)  |  |  |                             |                                    |  |
| 30 Day Notice of Cancellation   |  |  |                             |                                    |  |
| CANCELLATION  |  |  |                             |                                    |  |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B<br>DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  | EFORE THE EXPIRATION   | ON DATE THEREOF                        | F, NOTICE WI                | LL BE                              |  |
| ADDITIONAL INTEREST   |  |  |                             |                                    |  |
| NAME AND ADDRESS  | ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE                        |  |                             |                                    |  |
| Kilwins Chocolates Franchise Inc.<br>Kilwins Quality Confections Inc.   | LOAN #   |  |                             |                                    |  |
| 1050 Bay View Rd<br>Petoskey, MI 49770  |  | authorized representative<br>BeckyHart |                             |                                    |  |
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