



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
MAR 30 2023

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS WILSON INSURANCE SERVICES, INC. 511 SHEPHERD STREET, STE 102 WINSTON SALEM NC 27103	PHONE (A/C, No, Ext): (336) 794-2810	COMPANY NAME AND ADDRESS Allmerica Financial Benefit Insurance Company	NAIC NO: 41840
FAX (A/C, No): (336) 794-2811	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID #: 4728		LOAN NUMBER	POLICY NUMBER
NAMED INSURED AND ADDRESS HUMMINGBIRD CONFECTIONS INC. DBA KILWINS 308-A STRATFORD ROAD WINSTON SALEM NC 27103		EFFECTIVE DATE MAR 5 2023	EXPIRATION DATE MAR 5 2024
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
308-A S. Stratford Road, Winston Salem NC 27103

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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 259,100	DED: 1,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A
BLANKET COVERAGE	If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
TERRORISM COVERAGE	If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?	
LIMITED FUNGUS COVERAGE	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	
REPLACEMENT COST	X
AGREED VALUE	X
COINSURANCE	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	If YES, LIMIT: DED:
- Demolition Costs	If YES, LIMIT: DED:
- Incr. Cost of Construction	If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)	X If YES, LIMIT: DED:
FLOOD (If Applicable)	X If YES, LIMIT: DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	

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

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS Kilwins Chocolates Franchise Inc. & Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770		AUTHORIZED REPRESENTATIVE Fletcher P. Wilson <i>Fletcher P. Wilson</i>

SUPPLEMENT TO EVIDENCE OF COMM PROPERTY INS # 13703

DATE
MAR 30 2023

REMARKS (Including Special Conditions)

Improvements/Betterments Limit: \$185,000/ \$1,000 Deductible

Small Commercial Silver Property Broadening Endorsement Applies: \$300,000 Blanket on select items

30 day Notice of Cancellation