

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/25/2021

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), A	AUTHORIZED REPRESENTATIVE OR PRODUCE	R, AND THE ADDITIONA	L INTEREST.	.,,		
AGENCY	PHONE (A/C, No, Ext): 770-640-1232	COMPANY				
THE MARKEY INS GROUP		TRAVELERS INSURANCE				
2650 HOLCOMB BRIDGE RD						
SUITE 740 ALPHARETTA, GA 30022						
FAX E-MAIL (A/C, No): ADDRESS:		•				
CODE:						
AGENCY CUSTOMER ID #:	SUB CODE:					
INSURED		LOAN NUMBER				
BRIDGES CHOCOLATIER LLC				6803S73264A		
251 MARKET STREET		06/04/2021	expiration date Continued until Continued un			
SUITE 5L		THIS REPLACES PRIOR EVID	DENCE DATED:	E DATED:		
ALPHARETTA, GA 30009						
PROPERTY INFORMATION	ON					
LOCATION/DESCRIPTION						
251 MARKET STREE	Γ BLD IMPROVEM	MENTS AND BETTER	MENTS INCLUI	DED IN PROP L	IMITS	
SUITE 5L						
ALPHARETTA, GA 30	0009					
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 PROPERT	Y INSURANCE MAY BE ISSUED OR MAY PERTA	AIN, THE INSURANCE AF	FORDED BY THE F	POLICIES DESCRIE	BED HEREIN IS	
SUBJECT TO ALL THE TE	RMS, EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIMITS SHOW	VN MAY HAVE BEE	N REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMATI	ON					
	COVERAGE / PERILS / FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE	
Building Improvement	\$ 425					
Spoilage due to brea Replacement cost Bas	Included Included					
Agreed Valuation with Coinsurance Suspended						
Special Coverage Form Causes of Loss 30 Day Notice of Cancellation Included						
Loss Of Business Income - Actual Loss Sustained 12 Months Wind Hail included						
wind Hall included						
Policy Deductible \$1,000						
REMARKS (Including Special Conditions)						
CANCELLATION			VDIDATION DATE		105 14/11 1 55	
	E ABOVE DESCRIBED POLICIES BE CANCE DANCE WITH THE POLICY PROVISIONS.	LLED BEFORE THE E	XPIRATION DATE	THEREOF, NOT	ICE WILL BE	
ADDITIONAL INTEREST						
NAME AND ADDRESS		MORTGAGEE	ADDITIONAL INSUR	RED		
Kilwins Chocolates Franchise Inc		LOSS PAYEE	7.55617.12.114001	- 		
		LOAN#				
1050 Bay View Road						
Petoskey, MI 49770		AUTHORIZED REPRESENTATIVE				
David Markey						
	<i>'</i>					