

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 06/25/2022

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), AU		D REPRESENTATIVE OF					COMMACIB	
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 (A/C, No): E-MAIL ADDRESS:			1					
CODE:	יסטעבסט:	SUB CODE:		1				
AGENCY CUSTOMER ID #:	l			1				
INSURED			LOAN NUMBER POLICY NUMBER					
BRIDGES CHOCOLATIER LLC			EFFECTIVE DATE EXPIRATION		6803S73264A			
251 MARKET STREET SUITE 5L			06/04/2022					
ALPHARETTA, GA 30009				THIS REPLACES PRIOR EVI	DENCE DATED:			
-			#					
PROPERTY INFORMATION  LOCATION/DESCRIPTION	N							
LOCATION/DESCRIPTION								
251 MARKET STREET		BLD II	MPROVEMI	ENTS AND BETTER	RMENTS INC	CLUDE	D IN PROP L	MITS
SUITE 5L								
ALPHARETTA, GA 300	009							
THE POLICIES OF INSUR	ANCE LIS	TED BELOW HAVE BEE	N ISSUED TO	THE INSURED NAM	FD ABOVE FO	OR THE	POLICY PERIO	D INDICATED
NOTWITHSTANDING ANY	REQUIRE	MENT, TERM OR COND	ITION OF AN	Y CONTRACT OR OT	HER DOCUME	NT WIT	TH RESPECT TO	WHICH THIS
EVIDENCE OF PROPERTY SUBJECT TO ALL THE TER								
		USIONS AND CONDITION	13 01 300111	OLICIES. LIWITS SITO	WIN WAT TIAVE	DEEN	NEDOCED BT FA	CLAINS.
COVERAGE INFORMATIO	<u>'N</u>	COVERACE / BERN C / F	EODMS			AMOUN	IT OF INCIDANCE	DEDUCTIBLE
	1 - :	COVERAGE / PERILS / F				AMOUN	IT OF INSURANCE	DEDUCTIBLE
Building Improvements / Betterments / Personal Property Spoilage due to breakdown/ contamination / power outage				\$ 442 Incli				
Replacement cost Basis - Agreed Valuation with Coinsurance Suspended				Incl				
Agreed Valuation with Special Coverage Form								
30 Day Notice of Cancellation Included Loss Of Business Income - Actual Loss Sustained				40.3	« + l			
Loss Of Business Incom Wind Hail included	12 1	Months						
Policy Deductible \$1,0	000							
Torre, Deductione Privot								
DEMARKS (Including Spec	cial Condi	itions)						
REMARKS (Including Spe	ciai COIIO	itiolis)						
CANCELLATION								
SHOULD ANY OF THE				LED BEFORE THE E	EXPIRATION D	ATE T	HEREOF, NOT	CE WILL BE
DELIVERED IN ACCORDA	ANGE WIII	H THE PULICT PROVISION	UNO.					
NAME AND ADDRESS								
			MORTGAGEE	ADDITIONAL	INSURED	1		
				LOSS PAYEE				
and Kilwins Quality Confections Inc 1050 Bay View Road				LOAN #				
Petoskey, MI 49770				LOAN#				
Petoskey, MI 49770	ons Inc			AUTHORIZED REPRESENTAT	·IVE			
Petoskey, MI 49770	ons Inc					1	rown	

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