

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/02/2024

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), AUTHORIZED REPRESENTATIVE OR PRODUCEF	ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.				
AGENCY PHONE (A/C, No, Ext): 770-640-1232	COMPANY				
THE MARKEY INS GROUP	TRAVELERS INSURANCE				
2650 HOLCOMB BRIDGE RD	2650 HOLCOMB BRIDGE RD				
SUITE 730 ALPHARETTA, GA 30022	SUITE 730				
ALPHARETTA, GA 30022 FAX (A/C, No): E-MAIL ADDRESS:	ALPHARETTA, GA 30022				
(A/C, NO): ADDRESS: CODE: SUB CODE:					
AGENCY CUSTOMER ID #:					
INSURED	LOAN NUMBER POLICY NUMBER				
BRIDGES CHOCOLATIER LLC	OBAD600893				
251 MARKET STREET	05/15/2024	05/15/2025	CONTINUE	ED UNTIL ED IF CHECKED	
SUITE 5L	THIS REPLACES PRIOR EVIDENCE DATED:				
ALPHARETTA, GA 30009	06/04/2023				
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
251 MARKET STREET BLD IMPROVEMENTS AND BETTERMENTS INCLUDED IN PROP LIMITS SUITE 5L					
ALPHARETTA, GA 30009					
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					
COVERAGE / PERILS / FORMS			OUNT OF INSURANCE	DEDUCTIBLE	
Building Improvements / Betterments / Personal Property Spoilage due to breakdown/ contamination / power outage Replacement cost Basis - Agreed Valuation with Coinsurance Suspended Special Coverage Form Causes of Loss 30 Day Notice of Cancellation Included Loss Of Business Income - Actual Loss Sustained Wind Hail included	\$ 489 Inclu Inclu 12 M	ded			
Policy Deductible \$1,000					
Foricy Deductible \$1,000	ACCEDIC VI, VVV				
REMARKS (Including Special Conditions)					
Remarko (mendang opecial conditions)					
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					
NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSUF	:ED		
Kilwins Chocolates Franchise Inc	1 LOSS PAYEE				
and Kilwins Quality Confections Inc 1050 Bay View Road	LOAN#				
Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE				
	David Markey				

ACORD 27 (2009/12)

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