

## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

|  |   |                                   |                                    |  |                           |                                       |   |  | 11/            | 02/2018 |  |
|--|---|-----------------------------------|------------------------------------|--|---------------------------|---------------------------------------|---|--|----------------|---------|--|
| C<br>B   | ERT<br>ELO                              | IFICATE DOES<br>W. THIS CER       | S NOT AFFIRMA<br>TIFICATE OF IN    | A MATTER OF INFORMATI<br>ATIVELY OR NEGATIVELY<br>ISURANCE DOES NOT CO<br>R, AND THE CERTIFICATE | AMEND, EXT<br>INSTITUTE A | TEND OR ALTER 1                       | THE COVERAGE                            | AFFORDED BY THE POL  | ICIES          |         |  |
| PRO  | DUCE                                    | R                                 |                                    |  |                           | CONTACT CC                            | CONTACT CC Allred, AAI                  |  |                |         |  |
| Pur  | Purmort and Martin Insurance Agency LLC |                                   |                                    |  |                           |                                       | PHONE (0/1) 266 7070 FAX (0/1) 052 4001 |  |                |         |  |
|  |   | Ing Boulevard                     | 0,                                 |  |                           | E-MAIL CC                             | E-MAIL CC@purmort.com                   |  |                |         |  |
| 200  |   | igning Douloraid                  | -                                  |  | PRODUCER (                | PRODUCER 00022200                     |   |  |                |         |  |
| <b>C</b>   |   |                                   |                                    | -  | 24007                     | CUSTOMER ID:                          | 0023390                                 |  |                |         |  |
|  | asota                                   | 1                                 |                                    | FL   | 34237                     |                                       | INSURER(S) AFFOR                        |  |                | NAIC #  |  |
| INSURED  |   |                                   |                                    |  |                           | INSURER A : Fro                       | ontline Ins Unlimited                   | Co   |                | 10074   |  |
| Ame  | eriqu                                   | est Enterprises                   | Inc DBA                            |  |                           | INSURER B :                           |   |  |                |         |  |
| Kilwins of Venice  |   |                                   |                                    |  |                           | INSURER C :                           | INSURER C :                             |  |                |         |  |
| 1471 Northgae Blvd   |   |                                   |                                    |  |                           | INSURER D :                           | INSURER D :                             |  |                |         |  |
| Sar  | asota                                   | 1                                 |                                    | FL   | 34234                     | INSURER E :                           | INSURER E :                             |  |                |         |  |
|  |   |                                   |                                    |  |                           |                                       | INSURER F :                             |  |                |         |  |
| COVERAGES CERTIFICATE NUMBER: CP1811209118 REVISION NUMBER:  |   |                                   |                                    |  |                           |                                       |   |  |                |         |  |
|  |   |                                   |                                    | OPERTY (Attach ACORD 101, Addi   |                           |                                       |   |  |                |         |  |
| Loc# 00001 Bldg# 00001: 207 West Venice Avenue Venice FL 34285<br>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |                                   |                                    |  |                           |                                       |   |  |                |         |  |
| INSR   |   | TYPE OF IN                        | SURANCE                            | POLICY NUMBER  |                           | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION                       | COVERED PROPERTY   |                | LIMITS  |  |
| LTR  |   |                                   | 1                                  |  |                           |                                       | DATE (MM/DD/YYYY)                       |  |                |         |  |
|  |   | PROPERTY                          |                                    |  |                           |                                       |   | BUILDING   | \$             |         |  |
|  | CAL                                     | JSES OF LOSS                      | DEDUCTIBLES                        |  |                           |                                       |   | PERSONAL PROPERTY  | \$             |         |  |
|  |   | BASIC                             | BUILDING                           |  |                           |                                       |   | BUSINESS INCOME  | \$ 400,0       | 000     |  |
|  |   | BROAD CONTENTS SPECIAL EARTHQUAKE |                                    |  |                           | 00/00/0040                            | 00/00/00 40                             | EXTRA EXPENSE  | \$<br>\$<br>\$ |         |  |
|  |   |                                   |                                    |  |                           |                                       |   | RENTAL VALUE   |                |         |  |
| А  |   |                                   |                                    |  |                           |                                       |   | BLANKET BUILDING   |                |         |  |
|  | ×                                       | WIND                              | 3.00%                              | FIW0106251   |                           | 06/30/2018                            | 06/30/2019                              | BLANKET PERS PROP  | \$             |         |  |
|  | ~                                       | FLOOD                             |                                    | -  |                           |                                       |   | BLANKET BLDG & PP  |                |         |  |
|  |   | 12000                             |                                    | -  |                           |                                       |   |  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       | Biz Personal Prop                       | \$<br>\$ 400,000   |                |         |  |
|  | INLAND MARINE                           |                                   |                                    |  |                           |                                       |   |  | φ ·            |         |  |
|  | CAUSES OF LOSS                          |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   | NAMED PERILS                      |                                    | POLICY NUMBER  |                           |                                       |   |  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   | CRIME                             |                                    |  |                           |                                       |   |  | \$             |         |  |
|  | TYPE OF POLICY                          |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   | BOILER & MACH                     | INERY /                            |  |                           |                                       |   |  | \$             |         |  |
|  |   | EQUIPMENT BRE                     | EAKDOWN                            |  |                           |                                       |   | ┝━┥  |                |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   | ┝━┥  | \$             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  | \$             |         |  |
| Kilw<br>Affil  | ins C<br>ates                           | Chocolate Franc                   | hise, Inc. Its<br>nts And Employee | CORD 101, Additional Remarks Sc  |                           | -                                     |   | or Non Renewal 10 Day Noti   | ce             |         |  |
|  |   |                                   |                                    |  |                           |                                       |   |  |                |         |  |
| CERTIFICATE HOLDER CANCELLATION  |   |                                   |                                    |  |                           |                                       |   |  |                |         |  |
|  |   |                                   | Chocolates Franch<br>y View Road   | nise, Inc.   |                           | THE EXPIRAT<br>ACCORDANC              | ION DATE THEREO                         | ESCRIBED POLICIES BE CAN<br>F, NOTICE WILL BE DELIVER<br>Y PROVISIONS. |                | BEFORE  |  |
|  |   |                                   |                                    |  |                           |                                       | AUTHORIZED REPRESENTATIVE               |  |                |         |  |
|  |   | Petoske                           | V                                  | MI   | 49770                     |                                       | Rox                                     | anne_dima  |                |         |  |

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