



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/27/2019

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.

AGENCY Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard  Sarasota FL 34237	PHONE (A/C, No, Ext): (941)366-7070	COMPANY Main Street America Protection Ins Co 4601 Touchton Road E Suite 3300 P O Box 16100 Jacksonville FL 32245-6100
FAX (A/C, No): (941)953-4901	E-MAIL ADDRESS: Roxanne@purmort.com	
CODE: 090159005	SUB CODE: 090159	
AGENCY CUSTOMER ID #: 00023390		
INSURED Kilwins of Venice 1471 Northgate Blvd.  Sarasota FL 34234-4700	LOAN NUMBER	POLICY NUMBER BPG94563
	EFFECTIVE DATE 2/13/2019	EXPIRATION DATE 2/13/2020
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 3009-53RD AVENUE EAST UNIT 2031 BRADENTON, FL 34203 See Attached Overflow Pages
--

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	AMOUNT OF INSURANCE	DEDUCTIBLE
Personal Property, Replacement Cost, Contents (Personal Property)	62,500	2,500
Wind/Hail Deductible		5.00%
Sinkhole collapse	62,500	
Spoilage, Spoilage of Perishable Stock	10,000	
BI w/ Extra Expense, Business Income with Extra Expense	12 MOS	72 HRS

## REMARKS (Including Special 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  joshv@ovdinsurance.com  Kilwin's Chocolate Franchise, Inc. & Kilwin's Quality Confections, Inc. 1050 Bay View Road Petoskey, MI 49770	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE  Roxanne Sima/CC <i>Roxanne Sima</i>		

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Mold Coverage	MOLDL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Personal Property, 62,500	WHDED		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Personal Property, 62,500	HURR		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Personal Property, 62,500	BPP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			2,500	Flat
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Personal Property, 62,500	SINK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Personal Property, 62,500	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, Spoilage, 10,000	SPOIL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 3009 53RD AVE E UNIT 452, BI w/ Extra Expense, 12 MOS	BUSIN		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			72	Hours
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Personal Property, 416,900	WHDED		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5	Percent
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Personal Property, 416,900	HURR		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Personal Property, 416,900	BPP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			2,500	Flat

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Personal Property, 416,900	SINK		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Personal Property, 416,900	WNDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, Spoilage, 10,000	SPOIL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 207 WEST VENICE AVE, BI w/ Extra Expense, 12 MOS	BUSIN		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			72	Hours
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium