

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/13/2020

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), AL	UTHORIZED	REPRESENTATI	VE OR PRODUCE	R, AND THE A	DDITIONAL	L INTE	REST.				
AGENCY	PHONE (A/C, No, Ext	_{t):} (800) 224-9764		COMPANY							
IB Insurance Agency, Inc.				Frankenmuth Insurance							
PO Box 907				1 Mutual Avenue Frankenmuth, MI 48787-0001							
Minocqua, WI 54548-1907				Frankenmu	III, IVII 4070	7-0001					
FAX (A/C, No): (715) 356-4998	E-MAIL info	o@ibinsurance.com	n								
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CODE: 0480801		SUB CODE:		_							
AGENCY CUSTOMER ID #: MINOSWE-0											
INSURED Minocqua Sweet Treats, LLC PO Box 785			LOAN NUMBER				POLICY NUMBER				
Minocqua, WI	54548							6616790			
				EFFECTIV			PIRATION DAT				
				3/10/2	2020	3	3/10/2021	CON	TINUEL MINATE	UNTIL D IF CHECKED	
				THIS REPLACE	S PRIOR EVID	ENCE DA	TED:				
PROPERTY INFORMATIO)N										
LOCATION/DESCRIPTION											
Loc # 1, Bldg # 1, 320 Oneida	a St, Minocq	ua, WI 54548, Cand	ly,Nut & Confectior	nery - No Cooki	ing On Pren	nises					
THE POLICIES OF INSUR											
NOTWITHSTANDING ANY											
EVIDENCE OF PROPERTY											
SUBJECT TO ALL THE TER	RIVIS, EXCLU	JSIONS AND CONE	JITIONS OF SUCH	POLICIES. LIF	WILLS SHOW	VIN IVIA I	HAVE BEI	EN KEDUCED B	Y PAI	D CLAINS.	
COVERAGE INFORMATIO	ON	PERILS INSURED	D BASIC	BROAD	SPECIA	L.					
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		COVERAGE / PE	ERILS / FORMS				AN	OUNT OF INSURAN	ICE	DEDUCTIBLE	
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LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
IB Insurance Agency, Inc.		Minocqua Sweet Treats, LLC PO Box 785
POLICY NUMBER		Minocqua, WI 54548
6616790		
CARRIER	NAIC CODE	
Frankenmuth Insurance	13986	EFFECTIVE DATE: 03/10/2020

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Information:

Loc # 1, Bldg # 1

Accounts Receivable, Amount of Insurance: \$10,000, Deductible: 500

Money and Securities on Premises (Outside), Amount of Insurance: \$2,000, Deductible: 500 Money and Securities on Premises (Inside), Amount of Insurance: \$5,000, Deductible: 500

Outdoor property, Amount of Insurance: \$2,500

Valuable Papers, Amount of Insurance: \$10,000, Deductible: 500 Personal Property, Amount of Insurance: \$390,000, Deductible: 500