ACORD	

# **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 7/10/2020

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.

AGENCY PHONE (A/C, No, Ext): (231) 348-8121			COMPANY			
FLINN FINANCIAL,	INC. dba	KORTHASE FLINN	Frankenmuth Mutual			
1098 Bay View Road			One Mutual Ave			
Petoskey	-			Frankenmuth MI 48734		
FAX (A/C, No): <sup>(231) 582-7130</sup>	E-MAIL ADDRESS:	vsauerbrey@korthaseflinn.co				
CODE: 0210571 SUB CODE:		SUB CODE:				
AGENCY CUSTOMER ID #: 00013287						
INSURED			LOAN NUMBER		POLICY NUMBER	
FALKNER'S CONFECTION CONNECTION, INC.					BOP6319626	
ATTN: JAMES FALKNER			EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL	
PO BOX 144			4/26/2020	4/26/2021		
MACKINAW CITY MI 49701-0144			THIS REPLACES PRIOR EVIDENCE DATED:			

#### **PROPERTY INFORMATION**

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 176 S HURON AVE MACKINAW CITY, MI 49701-9677 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
Building, Replacement Cost, Special form	200,000	1,000
Personal Property, Replacement Cost, Special form	205,000	1,000
Spoilage, Spoilage	10,000	
Business Protection, Special form		1,000
GRNTR, Special form		
Equipment Breakdown, Standard		

**REMARKS (Including Special Conditions)** 

### CANCELLATION

DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
ADDITIONAL INTEREST						
NAME AND ADDRESS	MORTGAGEE ADDITIONAL INSURED					
Kilwins Chocolates Franchise Inc Kilwins Quality Confection	LOAN #					
1050 Bay View Rd Petoskey, MI 49770	AUTHORIZED REPRESENTATIVE					
	Amanda Truman/VSAUER					

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE

The ACORD name and logo are registered marks of ACORD

© 1993-2009 ACORD CORPORATION. All rights reserved.

## **Additional Named Insureds**

#### Other Named Insureds

KILWINS MACKINAW CITY CENTRAL

Doing Business As

KILWINS MACKINAW CITY CROSSINGS

Doing Business As

ADDITIONAL COVERAGES								
<b>Ref #</b> 2	Description 00001, 226 E CENTRAL AVE, Building, 200,000			Coverage Code SPC	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount 1,000	Deduo	ctible Type	<b>Premium</b> \$647.0	0
<b>Ref #</b> 2	<b>Description</b> 00001, 226		Personal Property, 20	5,000		Coverage Code SPC	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount 1,000	Deduc	ctible Type	Premium \$1,068	.00
<b>Ref #</b> 2	Description 00001, 226 E CENTRAL AVE, Spoilage, 10,000				Coverage Code SPLG	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium \$266.0	0
<b>Ref #</b> 2	<b>Description</b> 00001, 226	n S E CENTRAL AVE, (	GRNTR			Coverage Code SPC	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium \$25.00	
<b>Ref #</b> 3	Description     Coverage       00001, 7416 MAIN ST UNIT B-1, Personal Property, 250,000     SPC			Coverage Code SPC	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount 1,000	Deduo	ctible Type	Premium \$1,171.00	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium	
Ref #	ef # Description				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium	
Ref #	of # Description Coverage Cov			Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1	Limit 1 Limit 2 Limit 3 Dedu		Deductible Amount	Dedu	tible Type	Premium		
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1	I	Limit 2	Limit 3	Deductible Amount	Deduo	tible Type	Premium	I
OFADT	OFADTLCV Copyright 2001, AMS Services, Inc.							