



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

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 FLINN FINANCIAL, INC. dba KORTHASE FLINN 1098 Bay View Road Petoskey MI 49770	PHONE (A/C. No. Ext): (231)348-8121	COMPANY Frankenmuth Mutual One Mutual Ave Frankenmuth MI 48734
FAX (A/C. No.): (231)582-7130	E-MAIL ADDRESS: vsauerbrey@korthaseflinn.co	
CODE: 0210571	SUB CODE:	
AGENCY CUSTOMER ID #: 00013287		
INSURED FALKNER'S CONFECTION CONNECTION, INC. ATTN: JAMES FALKNER PO BOX 144 MACKINAW CITY MI 49701-0144	LOAN NUMBER	POLICY NUMBER BOP6319626
	EFFECTIVE DATE 4/26/2021	EXPIRATION DATE 4/26/2022
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
176 S HURON AVE
MACKINAW CITY, MI 49701-9677

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)

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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 Kilwins Chocolates Franchise Inc Kilwins Quality Confection 1050 Bay View Rd Petoskey, MI 49770	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Valerie Sauerbrey/VSAUER <i>Valerie Sauerbrey</i>		

Additional Named Insureds

Other Named Insureds

KILWINS MACKINAW CITY CENTRAL

Doing Business As

KILWINS MACKINAW CITY CROSSINGS

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 226 E CENTRAL AVE, Building, 200,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			1,000	
				Premium
				\$647.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 226 E CENTRAL AVE, Personal Property, 205,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			1,000	
				Premium
				\$1,068.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 226 E CENTRAL AVE, Spoilage, 10,000	SPLG		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$266.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 226 E CENTRAL AVE, GRNTR	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
				\$25.00
Ref #	Description	Coverage Code	Form No.	Edition Date
3	00001, 7416 MAIN ST UNIT B-1, Personal Property, 250,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			1,000	
				Premium
				\$1,171.00
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