



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/19/2020

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 The Harbor/Brenn Agencies 1231 N US Highway 31 Petoskey MI 49770 | PHONE (A/C, No, Ext): (231) 347-8113 | COMPANY Frankenmuth Mutual Ins Co One Mutual Avenue Frankenmuth MI 48787-0001 |
| FAX (A/C, No): (231) 347-3853 | E-MAIL ADDRESS: insurance@harborbrenn.com | |
| CODE: 0210889 | SUB CODE: | |
| AGENCY CUSTOMER ID #: 00012005 | | |
| INSURED TWENTY NINTH INVESTMENTS INC. 316 HOWARD ST PETOSKEY MI 49770-2414 | LOAN NUMBER | POLICY NUMBER BOP6268695 |
| | EFFECTIVE DATE 11/1/2020 | EXPIRATION DATE 11/1/2021 |
| | <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| | THIS REPLACES PRIOR EVIDENCE DATED: | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc# 00001/Bldg# 00001
316 HOWARD ST
PETOSKEY, MI 49770-2414

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 | 192,000 | 500 |
| Personal Property, Replacement Cost, Special form | 205,000 | 500 |
| Spoilage, | 10,000 | |
| Business Income & Extra Expense | ALS 12 mos | |

REMARKS (Including Special Conditions)

30 day Notice of Cancellation

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. & Kilwin's Quality Confections, Inc. 1050 Bay View Rd. Petoskey, MI 49770 | MORTGAGEE | <input checked="" type="checkbox"/> | ADDITIONAL INSURED |
| | LOSS PAYEE | <input type="checkbox"/> | |
| | LOAN # | | |
| AUTHORIZED REPRESENTATIVE Janet Hartson/JANET | | | |