

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/2/2018

THIS EVIDENCE OF COMMERCIAL PROP UPON THE ADDITIONAL INTEREST NAMED THE COVERAGE AFFORDED BY THE PO THE ISSUING INSURER(S), AUTHORIZED R	BELOW. THIS E	VIDE TH	ENCI	e do Evid	DES NOT AFFIRMAT	IVELY OR CE DOES N	NEGATIVEL	Y AME	END, EXTEND OR ALTER	
PRODUCER NAME, CONTACT REPSON AND ADDRESS (A/C, No, Ext): (734)	741-0044				COMPANY NAME AND A	DDRESS			NAIC NO: 39926	
CONTACT PERSON AND ADDRESS L(A/G, No, Ext): (104) 141 0011 Hylant - Southeast Michigan 24 Frank Lloyd Wright Dr, Ste J4100 Ann Arbor, MI 48105					Selective Insurance Co of SE 40 Wantage Avenue Branchville, NJ 07890					
Contact name:										
FAX (A/C, No): (734) 741-1850 E-MAIL ADDRESS: annarbox	@hylant.com				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH					
CODE: 21040 SUB COD					POLICY TYPE					
AGENCY CUSTOMER ID #: POLLCON-01					Business Owners	s Policy				
NAMED INSURED AND ADDRESS Pollyanna's Confectionary Shop 152 Butler St Saugatuck, MI 49453				LOAN NUMBER POLICY NUMBER S 1933074						
					EFFECTIVE DATE				CONTINUED UNTIL	
ADDITIONAL NAMED INSURED(S)					2/2/2018 2/2/2019 THIS REPLACES PRIOR EVIDENCE DATED:				TERMINATED IF CHECKED	
PROPERTY INFORMATION (ACORD 101 m	av he attached if	mor	o sr	200	is required) X BI				S PERSONAL PROPERTY	
LOCATION / DESCRIPTION Loc # 1, Bldg # 1, 152 BUTLER ST, SAUGAT SEE ATTACHED ACORD 101			0.04	1000						
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 PERI	_S INSURED	BA	SIC		BROAD SPE	ECIAL				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF	INSURANCE: \$						•	DE	D:	
		YES	NO	N/A						
X BUSINESS INCOME RENTAL VALUE		X			If YES, LIMIT:		XA	ctual Lo	oss Sustained; # of months:	
BLANKET COVERAGE				X	If YES, indicate value(s) reported on property identified above: \$					
TERRORISM COVERAGE					Attach Disclosure Notice / DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION	?									
IS DOMESTIC TERRORISM EXCLUDED?										
LIMITED FUNGUS COVERAGE					If YES, LIMIT:				DED:	
FUNGUS EXCLUSION (If "YES", specify organization's	form used)									
REPLACEMENT COST		X								
AGREED VALUE										
COINSURANCE					If YES, %					
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: DED:					
ORDINANCE OR LAW - Coverage for loss to undamage	ed portion of bldg				If YES, LIMIT: DED:					
- Demolition Costs					If YES, LIMIT:				DED:	
- Incr. Cost of Construction					If YES, LIMIT:				DED:	
EARTH MOVEMENT (If Applicable)					If YES, LIMIT:				DED:	
FLOOD (If Applicable)					If YES, LIMIT:				DED:	
WIND / HAIL INCL YES NO Subject to Di	fferent Provisions:				f YES, LIMIT: DED:					
NAMED STORM INCL YES NO Subject to D	fferent Provisions:				If YES, LIMIT:				DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR (HOLDER PRIOR TO LOSS	OF MORTGAGE									
CANCELLATION										
SHOULD ANY OF THE ABOVE DESCR DELIVERED IN ACCORDANCE WITH THE P			CA	NCE	ELLED BEFORE TH	E EXPIRA	TION DATE	THEF	REOF, NOTICE WILL BE	
ADDITIONAL INTEREST										
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE					LENDER SERVICING AGE	NT NAME AND	ADDRESS			
MORTGAGEE										
NAME AND ADDRESS										
Kilwins Chocolates Franchise Inc. & Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770				AUTHORIZED REPRESENTATIVE Mill M. Yht						

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AGENCY CUSTOMER ID: POLLCON-01

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LOC #:

Page 1 of 1

AGENCY Hylant - Southeast Michigan		NAMED INSURED
nyiani - Southeast Michigan		Pollyanna's Confectionary Shop
POLICY NUMBER		152 Butler St Saugatuck, MI 49453
S 1933074		
CARRIER	NAIC CODE	_
Selective Insurance Co of SE	39926	EFFECTIVE DATE: 02/02/2018
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO		
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE O		
FORM NUMBER: ACOND 20 FORM ITTLE: EVIDENCE O	F COMMERCIAL FR	OPERTITINSONANCE
Loc # 3, Bldg # 1, 3200 RIVERTOWN, GRANDVILLE Loc # 4, Bldg # 1, 415 PHOENIX ST, SOUTH HAVEN Special Conditions: Location 1- 152 Butler St Saugatuck, MI 49453 Bus Location 2- 119-121 Buutler St Saugatuck, MI 4945 \$188,700 Location 3 Building \$ 76,977 Location 3 - 3200 Rivertown Suite 2192 Grandville, Location 4- 415 Phoenix St South Haven MI 49090	N, MI 49090 siness Personal 53 Business Pe MI 49418 Busi	rsonal Property \$209,100 Tenants Improvements & Betterments