



CARRLAU

# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
1/15/2021

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<br>Hylant - Southeast Michigan<br>24 Frank Lloyd Wright Dr, Ste J4100<br>Ann Arbor, MI 48105 | PHONE (A/C, No, Ext): (734) 741-0044                           | COMPANY<br>Selective Insurance Co of SE<br>40 Wantage Avenue<br>Branchville, NJ 07890 |
| FAX (A/C, No): (734) 741-1850   | E-MAIL ADDRESS: AnnArbor-office@hylant.com                     |   |
| CODE: 21040   | SUB CODE:  |   |
| AGENCY CUSTOMER ID #: POLLCON-01  |  |   |
| INSURED<br>Pollyanna's Confectionary Shop<br>152 Butler St<br>PO Box 1045<br>Saugatuck, MI 49453    | LOAN NUMBER  | POLICY NUMBER<br>S 1933074  |
|   | EFFECTIVE DATE<br>2/2/2021                                     | EXPIRATION DATE<br>2/2/2022   |
|   | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |   |
| THIS REPLACES PRIOR EVIDENCE DATED:   |  |   |

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
 Loc # 1, Bldg # 1, 152 Butler Street, Saugatuck, MI 49453  
 Loc # 2, Bldg # 1, 214 Butler Street, Unit 3, Saugatuck, MI 49453  
 Loc # 4, Bldg # 1, 415 Phoenix Street, South Haven, MI 49090

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              | PERILS INSURED |       |         |           | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|----------------|-------|---------|-----------|---------------------|------------|
|  | BASIC          | BROAD | SPECIAL |           |                     |            |
| Loc # 1, Bldg # 1<br>Personal Property |                |       |         | \$474,284 | 1,000               |            |
| Loc # 2, Bldg # 1<br>Personal Property |                |       |         | \$220,544 | 1,000               |            |
| Tenants Improvements & Betterments     |                |       |         | \$199,027 | 1,000               |            |
| Loc # 4, Bldg # 1<br>Building          |                |       |         | \$336,307 | 1,000               |            |
| Personal Property                      |                |       |         | \$247,211 | 1,000               |            |

## REMARKS (Including Special Conditions)

Special Conditions:  
Special Cause of Loss Coverage Form, Including Replacement Cost  
Business Income - 12 Months, ALS  
Spoilage - \$10,000

## 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<br><br>Kilwin's Chocolates Franchise, Inc.<br>Kilwin's Quality Confections, Inc.<br>1050 Bay View Road<br>Potoskey, MI 49770 | <input checked="" type="checkbox"/> ADDITIONAL INSURED | <input type="checkbox"/> LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
|   | <input type="checkbox"/> MORTGAGEE                     |  |                                     |
|   | LOAN #   |  |                                     |
| AUTHORIZED REPRESENTATIVE<br><i>Mill M. [Signature]</i>   |  |  |                                     |