



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/17/2025

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 Dax Gill Insurance Agency, LLC 4400 Bayou Blvd., Ste 41-C Pensacola FL 32503		PHONE (A/C, No, Ext): (850) 777-3090		COMPANY CITIZENS PROP INS CORP	
FAX (A/C, No):		E-MAIL ADDRESS: cynthias@daxgillinsurance.com			
CODE: 814647084		SUB CODE: P210252			
AGENCY CUSTOMER ID #:					
INSURED Pb Confections LLC Dbw Kilwins Pensacola Beach 5032 Certain Cir Orange Beach AL 36561-4500		LOAN NUMBER		POLICY NUMBER 12559060	
		EFFECTIVE DATE 04/30/2025		EXPIRATION DATE 04/30/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

400 Quietwater Beach Rd Ste 2 , Pensacola Beach, FL 32561

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

PERILS INSURED



BASIC

BROAD

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Business Personal Property
to include Tenant Improvements & Betterments

\$400,000

Wind/Hail 3%

REMARKS (Including Special Conditions)

Wind Only Coverage

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

Ovid Insurance



LOAN #

AUTHORIZED REPRESENTATIVE

