



EVIDENCE OF PROPERTY INSURANCE

Cert ID 1548

DATE (MM/DD/YYYY)

10/02/2018

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 Fuller Insurance LLC PO Box 1583 Santa Rosa Beac FL 32459 | PHONE (A/C, No, Ext): (850) 502-4260 | COMPANY Centauri Specialty Ins Co 5391 Lakewood Ranch Blvd Sarasota FL 34240 |
| FAX (A/C, No): | E-MAIL ADDRESS: chris@fuller.insure | |
| CODE: FL00145 | SUB CODE: | |
| AGENCY CUSTOMER ID #: 2259 | | |
| INSURED 30a Sweets, LLC dba Kilwins 58 Salamander Circle Santa Rosa Beach FL 32459 | LOAN NUMBER | POLICY NUMBER BOP 0000875-01 |
| | EFFECTIVE DATE 02/01/2018 | EXPIRATION DATE 02/01/2019 |
| | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| THIS REPLACES PRIOR EVIDENCE DATED: | | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION

[1] Loc: 1 Bldg: 1 625 Grand Blvd Ste E102 Miramar Beach FL 32550

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 | <input checked="" type="checkbox"/> | SPECIAL |
|----------------|-------|-------|-------------------------------------|---------|

COVERAGE / PERILS / FORMS

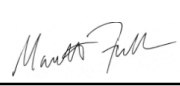
| COVERAGE / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Prem. No 1 Bldg. No 1 Business Personal Property Replacement Cost | 390,000 | 1,000 |
| Prem. No 1 Bldg. No 1 Spoilage | 25,000 | 1,000 |
| Prem. No 1 Bldg. No 1 Outdoor Signs | 7,500 | 1,000 |
| Prem. No 1 Bldg. No 1 Business Income and Extra Expense 12 Months/\$300,000 maximum | 300,000 | 1,000 |
| Prem. No 1 Bldg. No 1 Wind and Hail Deductible | | 2 % |

REMARKS (Including Special Conditions)

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 Road Petoskey 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  | | | | | |