




# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2024

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.

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>AGENCY</b><br> Mike Ball - Agent<br>1009 Baltimore Pike<br>Gettysburg, PA 17325 |  | <b>PHONE (A/C, No, Ext):</b> 717-334-4908           |  | <b>COMPANY</b><br>State Farm Fire and Casualty Company |  | <b>NAIC #</b> 25143   |  |
| <b>FAX (A/C, No):</b> 717-337-3581   |  | <b>E-MAIL ADDRESS:</b> Mike.ball.lttl@Statefarm.com |  |  |  |   |  |
| <b>CODE:</b> 38-316A   |  | <b>SUB CODE:</b>                                    |  |  |  |   |  |
| <b>AGENCY CUSTOMER ID #:</b>   |  |   |  |  |  |   |  |
| <b>INSURED</b><br>R&B Sweets LLC<br>37 Steinwehr Ave<br>Gettysburg, PA 17325   |  |   |  | <b>LOAN NUMBER</b>                                     |  | <b>POLICY NUMBER</b><br>98-GF-G253-2                                      |  |
|  |  | <b>EFFECTIVE DATE</b><br>05/02/2024                 |  | <b>EXPIRATION DATE</b><br>05/02/2025                   |  | <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |  |
| <b>THIS REPLACES PRIOR EVIDENCE DATED:</b>   |  |   |  |  |  |   |  |

### PROPERTY INFORMATION

|   |
|---|
| <b>LOCATION/DESCRIPTION</b><br>37 Steinwehr Ave<br>Gettysburg, PA 17325 |
|---|

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 |
|---|---------------------|------------|
| Premises:   |                     |            |
| Building Betterments & Improvements                             | \$312,400           | \$1,000    |
| Business Personal Property                                      | \$219,500           | \$1,000    |
| Spoilage due to break down/contamination/power outage           | \$ 15,000           | \$1,000    |
| Replacement Cost Basis  |                     |            |
| Agreed Value with Coinsurance Suspended                         |                     |            |
| Special Coverage Form   |                     |            |
| Loss of Business Income & Extra Expense - Actual Loss Sustained | 12 Months Act Loss  |            |
| Wind & Hail Coverage  | Inc                 |            |
| Betterments/BPP & BI/EE Coverage                                | Inc                 |            |

### REMARKS (Including Special Conditions)

10 Day Cancellation Notice given for Non-payment. 30 Day Cancellation Notice given for all other reasons.

CMP-4798 Grantor of Franchise AI Form Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

### 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

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| <b>NAME AND ADDRESS</b><br>Kilwin's Chocolates Franchise Inc.<br>& Kilwin's Quality Confections Inc.<br>1050 Bay View Rd<br>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                     |  |                                     |
| <b>LOAN #</b>  |  |  |                                     |
| <b>AUTHORIZED REPRESENTATIVE</b><br>Completed by State Farm Underwriting Operations. If signature is required, please refer to contact name above. |  |  |                                     |