



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

8/13/2025

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.

<b>AGENCY</b> Olivier VanDyk Insurance Agency, Inc 2780 44th St SW Wyoming, MI 49519		<b>PHONE</b> (A/C, No, Ext): 616-454-0800		<b>COMPANY</b> Chubb Insurance Company MI Code: Accident & Health Z08365 (producer code)	
<b>FAX</b> (A/C, No): 616-454-7100		<b>E-MAIL ADDRESS:</b>		<b>License#:</b> 0007645	
<b>CODE:</b>		<b>SUB CODE:</b>			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> Henriquez Portfolio Management, LLC 3613 Northside Ct Key West FL 33040		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> D98231821	
		<b>EFFECTIVE DATE</b> 08/29/2025		<b>EXPIRATION DATE</b> 08/29/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 505 Duval St, Key West, FL 33040
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 Including Tenants Betterments & Improvements	485,181	2,500
Business Income - 12 months ALS		
Spoilage	15,000	
Wind Excluded		

## REMARKS (Including Special Conditions)

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## 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>  Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey, MI	<input type="checkbox"/> <b>ADDITIONAL INSURED</b>	<input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b>	<input type="checkbox"/> <b>LOSS PAYEE</b>
	<input type="checkbox"/> <b>MORTGAGEE</b>		
	<b>LOAN #</b>		
<b>AUTHORIZED REPRESENTATIVE</b> 			