

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
09/24/2025

THIS EVIDENCE OF COMMERCIAL 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.

|                                                                                                                                                                       |                                                |                                              |                                                                   |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------|
| PRODUCER NAME,<br>CONTACT PERSON AND ADDRESS<br>Hecht Insurance Agency, Inc.<br>6006 SW 18th Street, Suite B-3<br>Boca Raton, FL 33433<br>Hecht Insurance Agency Inc. |                                                | PHONE<br>(A/C, No, Ext): <b>561-391-9922</b> | COMPANY NAME AND ADDRESS<br>Scottsdale Insurance Company          | NAIC NO: <b>41297</b>                |
| FAX<br>(A/C, No): <b>561-391-9923</b>                                                                                                                                 | E-MAIL<br>ADDRESS: <b>bret@hechtagency.com</b> |                                              | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH            |                                      |
| CODE:                                                                                                                                                                 | SUB CODE:                                      |                                              | POLICY TYPE<br><b>Property</b>                                    |                                      |
| AGENCY<br>CUSTOMER ID #: <b>SUGAR-1</b>                                                                                                                               |                                                |                                              | LOAN NUMBER                                                       | POLICY NUMBER<br><b>CPS7873603</b>   |
| NAMED INSURED AND ADDRESS<br><b>Sugar Madness, LLC<br/>Robert Kelly<br/>809 E Las Olas Blvd<br/>Ft Lauderdale, FL 33301</b>                                           |                                                |                                              | EFFECTIVE DATE<br><b>09/28/2025</b>                               | EXPIRATION DATE<br><b>09/28/2026</b> |
| ADDITIONAL NAMED INSURED(S)                                                                                                                                           |                                                |                                              | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |                                      |
|                                                                                                                                                                       |                                                |                                              | THIS REPLACES PRIOR EVIDENCE DATED:                               |                                      |

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

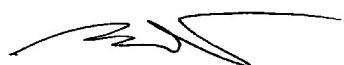
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION / DESCRIPTION<br><b>809 E Las Olas Blvd<br/>Ft Lauderdale, FL 33301</b>                                                                                                                                                                                                                                                                                                                                                                                                     |
| 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. |

|                                                                                                                       |                                     |                                     |       |                                                                     |                                             |              |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------|---------------------------------------------------------------------|---------------------------------------------|--------------|
| <b>COVERAGE INFORMATION</b>                                                                                           |                                     | PERILS INSURED                      | BASIC | BROAD                                                               | <input checked="" type="checkbox"/> SPECIAL |              |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$                                                                  |                                     | <b>390,000</b>                      |       |                                                                     | DED:                                        | <b>1,000</b> |
|                                                                                                                       | YES                                 | NO                                  | N/A   |                                                                     |                                             |              |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE                             | <input checked="" type="checkbox"/> |                                     |       | If YES, LIMIT: <b>50,000</b>                                        | Actual Loss Sustained; # of months:         |              |
| BLANKET COVERAGE                                                                                                      |                                     | <input checked="" type="checkbox"/> |       | If YES, indicate value(s) reported on property identified above: \$ |                                             |              |
| TERRORISM COVERAGE                                                                                                    |                                     | <input checked="" type="checkbox"/> |       | Attach Disclosure Notice / DEC                                      |                                             |              |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?                                                                              |                                     |                                     |       |                                                                     |                                             |              |
| IS DOMESTIC TERRORISM EXCLUDED?                                                                                       |                                     |                                     |       |                                                                     |                                             |              |
| LIMITED FUNGUS COVERAGE                                                                                               |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)                                                         |                                     | <input checked="" type="checkbox"/> |       |                                                                     |                                             |              |
| REPLACEMENT COST                                                                                                      |                                     | <input checked="" type="checkbox"/> |       |                                                                     |                                             |              |
| AGREED VALUE                                                                                                          |                                     | <input checked="" type="checkbox"/> |       |                                                                     |                                             |              |
| COINSURANCE                                                                                                           |                                     | <input checked="" type="checkbox"/> |       | If YES, <b>80 %</b>                                                 |                                             |              |
| EQUIPMENT BREAKDOWN (If Applicable)                                                                                   |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg                                                     |                                     |                                     |       | If YES, LIMIT:                                                      | DED:                                        |              |
| - Demolition Costs                                                                                                    |                                     |                                     |       | If YES, LIMIT:                                                      | DED:                                        |              |
| - Incr. Cost of Construction                                                                                          |                                     |                                     |       | If YES, LIMIT:                                                      | DED:                                        |              |
| EARTH MOVEMENT (If Applicable)                                                                                        |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| FLOOD (If Applicable)                                                                                                 |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| WIND / HAIL INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions: |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| NAMED STORM INCL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Subject to Different Provisions: |                                     | <input checked="" type="checkbox"/> |       | If YES, LIMIT:                                                      | DED:                                        |              |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE<br>HOLDER PRIOR TO LOSS                                          |                                     | <input checked="" type="checkbox"/> |       |                                                                     |                                             |              |

**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**

|                                                                                                                                           |                       |            |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|--------------------------------------------------------------------------------------------------------------------|
| CONTRACT OF SALE                                                                                                                          | LENDER'S LOSS PAYABLE | LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS                                                                            |
| MORTGAGEE                                                                                                                                 |                       |            |                                                                                                                    |
| NAME AND ADDRESS<br><br><b>Kilwins Chocolates Franchise<br/>Kilwins Quality Confections<br/>1050 Bay View Road<br/>Petoskey, MI 49770</b> |                       |            | AUTHORIZED REPRESENTATIVE<br> |