



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/17/2025

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.

<b>AGENCY</b> Dax Gill Insurance Agency, LLC 4400 Bayou Blvd., Ste 41-C  Pensacola FL 32503		<b>PHONE</b> (A/C, No, Ext): (850) 777-3090		<b>COMPANY</b>  CITIZENS PROP INS CORP	
<b>FAX</b> (A/C, No):		<b>E-MAIL ADDRESS:</b> service@daxgillinsurance.com			
<b>CODE:</b> 814647084		<b>SUB CODE:</b> P210252			
<b>AGENCY CUSTOMER ID #:</b>					
<b>INSURED</b> Pensacola Confections LLC 5032 Certain Cir  Orange Beach AL 36561-4500		<b>LOAN NUMBER</b>		<b>POLICY NUMBER</b> 14633488	
		<b>EFFECTIVE DATE</b> 03/20/2025		<b>EXPIRATION DATE</b> 03/20/2026	
				<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>					

## PROPERTY INFORMATION

LOCATION/DESCRIPTION

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
Building	\$400,000	3%

## REMARKS (Including Special Conditions)

This coverage is subject to policy terms, conditions and exclusions.

## 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	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>			
	LOAN #					
AUTHORIZED REPRESENTATIVE  <i>Dax Gill</i>						