EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 03/02/2023

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, CONTACT PERSON AND ADDRESS	PHONE (A/C, No, Ext): 832 567 8608	COMPANY NAME AND ADDRESS	NAIC NO:
AMARISK INSURANCE, LLC 615 MAIN ST, SUITE 114 FRISCO TX 75034		AGCS 5001 SPRING VALLEY, SUITE 1000W DALLAS TX 75244	

FAX (A/C, No):	E-MAIL ADDRESS: FROGGY@AMARISKINSURANCE.CC	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH

CODE:	SUB CODE:	POLICY TYPE
AGENCY CUSTOMER ID #:		BUILDER RISK WITH PROPERTY

NAMED INSURED AND ADDRESS	LOAN NUMBER	POLICY NUMBER
OPEN BARREL INC. DBA KILWIN'S FRANCHISE 9955 BARKER CYPRESS SUITE 126 CYPRESS TX 77433		4812329-01

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
03/06/2023	03/06/2024	☐

ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)   ☒ BUILDING   OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
9955 BARKER CYPRESS   SUITE 126 CYPRESS   TX 77433

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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: $ 250,000   DED: $1,000

	YES	NO	N/A			
☒ BUSINESS INCOME ☐ RENTAL VALUE		X		If YES, LIMIT:		Actual Loss Sustained; # of months:
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: $		
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X				
IS DOMESTIC TERRORISM EXCLUDED?		X				
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT:		DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		X				
REPLACEMENT COST	X	X				
AGREED VALUE						
COINSURANCE				If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X		If YES, LIMIT:		DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		If YES, LIMIT:		DED:
- Demolition Costs				If YES, LIMIT:		DED:
- Incr. Cost of Construction				If YES, LIMIT:		DED:
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT:		DED:
FLOOD (If Applicable)		X		If YES, LIMIT:		DED:
WIND / HAIL (If Subject to Different Provisions)		X		If YES, LIMIT:		DED: 2%
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS						

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

☐ MORTGAGEE ☐ LENDERS LOSS PAYABLE	☐ CONTRACT OF SALE ☒ ADDITIONAL INSURED	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS KILWINS CHOCOLATE FRANCHISE, INC. 1050 BAY VIEW ROAD PETOSKEY MI 49770		
		AUTHORIZED REPRESENTATIVE PHUC H DANG

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

THE INTEREST OF THE LENDER AND THE SBA SHALL NOT BE INVALIDATED BY ANY ACT OF NEGLECT OF THE MORTGAGOR OR OWNER OF THE INSURED PROPERTY.