



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

5/17/2024

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>Olivier VanDyk Insurance Agency, Inc<br>2780 44th St SW<br>Wyoming, MI 49519 |  | <b>PHONE</b><br>(A/C, No, Ext): 616-454-0800             | <b>COMPANY</b><br>Citizens Ins Co Of Amer<br>808 North Highlander Way<br>Howell, MI 48843 |   |
| <b>FAX</b><br>(A/C, No): 616-454-7100   |  | <b>E-MAIL ADDRESS:</b> certificates.sbu@ovdinsurance.com |   |   |
| <b>CODE:</b>  |  | <b>SUB CODE:</b>   |   |   |
| <b>AGENCY CUSTOMER ID #:</b>  |  | <b>License#:</b> 0007645                                 |   |   |
| <b>INSURED</b><br>StarBright, LLC<br>2810 Highland Pass<br>Alpharetta GA 30004                |  | <b>LOAN NUMBER</b>                                       |   | <b>POLICY NUMBER</b><br>Z21J712531                                    |
|   |  | <b>EFFECTIVE DATE</b><br>05/03/2024                      | <b>EXPIRATION DATE</b><br>05/03/2025  | <input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b> |
| <b>THIS REPLACES PRIOR EVIDENCE DATED:</b>  |  |  |   |   |

## PROPERTY INFORMATION

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| <b>LOCATION/DESCRIPTION</b><br>1210 Temple Dr, Ste 200A, Sugar Hill, GA 30518  |
| 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    X    SPECIAL

| COVERAGE / PERILS / FORMS   | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| Business Personal Property Including Tenants Betterments & Improvements<br>Business Income - 12 months ALS<br>Spoilage - Included in \$500,000 blanket limit<br>Wind Included | 390,000             | 1,000      |


## 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><br><br>Kilwins Chocolates Franchise Inc.<br>Kilwins Quality Confections Inc.<br>1050 Bay View Rd<br>Petoskey, MI 49770 | <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><br>                        |  |   |  |