



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/25/2026

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 StateFarm Lee Wright  Andy Blanton State Farm 14004 Us Hwy 19 S, Suite 101 Thomasville GA 31757		PHONE (A/C, No, Ext): 229-225-3276	COMPANY NAME AND ADDRESS State Farm Fire and Casualty Company NAIC NO: 25143
FAX (A/C, No): 229-233-0406	E-MAIL ADDRESS: Lee@AgentBlanton.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE Businessowners / Building Coverage /	
AGENCY CUSTOMER ID #:	NAMED INSURED AND ADDRESS Thomasville Confectioners, LLC dba Kilwins 119 N Broad St Thomasville GA 31792	LOAN NUMBER 07179019742-00001	POLICY NUMBER 91-J6-K076-6
ADDITIONAL NAMED INSURED(S) Ameris Bank ISAOA/ATIMA		EFFECTIVE DATE 06/07/2026	EXPIRATION DATE 06/07/2027
		☒ CONTINUED UNTIL 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 119 N Broad St Thomasville GA 31792	Ameris Bank ISAOA/ATIMA is Additional Insured
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: \$ 440,000		DED: \$1,000				
	YES	NO	N/A			
☒ BUSINESS INCOME ☐ RENTAL VALUE				If YES, LIMIT: ☒ Actual Loss Sustained; # of months: 12		
BLANKET COVERAGE		☒		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE	☒			Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?		☒				
LIMITED FUNGUS COVERAGE	☒			If YES, LIMIT: \$50,000 DED: \$1,000		
FUNGUS EXCLUSION (If "YES", specify organization's form used)		☒				
REPLACEMENT COST	☒					
AGREED VALUE						
COINSURANCE		☒		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)	☒			If YES, LIMIT: DED: \$1,000		
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)				If YES, LIMIT: DED:		
FLOOD (If Applicable)				If YES, LIMIT: DED:		
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:				If YES, LIMIT: DED:		
NAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:				If YES, LIMIT: DED:		
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

☒ CONTRACT OF SALE ☒ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE	LENDER SERVING AGENT NAME AND ADDRESS
☒ MORTGAGEE ☒ Additional Insured	
NAME AND ADDRESS Kilwins Chocolates Franchise, Inc & Kilwins Quality Confectioners, Inc 1050 Bay View Rd Petoskey MI 49770	AUTHORIZED REPRESENTATIVE 

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