| ACORD |
|-------|
| |

DATE (MM/DD/YYYY)

| ACOND | EVIDENCE OF PRO | PERITINSU | RANCE | | 6/20/2024 | |
|---|---|--|-----------------|---------------|--------------------------------------|--|
| 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. | | | | | | |
| AGENCY | PHONE (A/C, No, Ext): 616-454-0800 | COMPANY Hanover Ins Co | | | | |
| Olivier-VanDyk Insurance Agency 2780 44th Street SW Wyoming, MI 49519 | | PO Box 4031 Woburn, MA 01888-40 | 31 | | | |
| FAX (A/C, No): 616-454-7100 | E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com | - | | | | |
| (A/C, N0): 010-434-7100 | SUB CODE: | - | | | | |
| AGENCY CUSTOMER ID #: | 308 0002. | - | | | | |
| INSURED | | LOAN NUMBER | | POLICY NUME | BER | |
| Shea's Sweets, LLC PO Box 909 Black Mountain NC 28711 | | | | OZID30502 | 18 | |
| | | EFFECTIVE DATE | EXPIRATION DAT | E | | |
| | | 07/01/2024 | 07/01/2025 | | NTINUED UNTIL RMINATED IF CHECKED | |
| | | THIS REPLACES PRIOR EVID | | | | |
| | | | | | | |
| PROPERTY INFORMAT | ION | 1 | | | | |
| LOCATION/DESCRIPTION | - | | | | | |
| 116 W State St, Black Mo | untain, NC 28711 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 INFORMAT | TION PERILS INSURED BASIC | BROAD X SPECIA | L | | | |
| | COVERAGE / PERILS / FORMS | | AM | OUNT OF INSUR | ANCE DEDUCTIBLE | |
| | y including Tenants Improvements & Betterments | | 619 | 829 | 500 | |
| Business Income & Extra E | | 25,0 | 00 | | | |
| Wind Included | | | , | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| REMARKS (Including S | necial Conditions) | | | | | |
| 30 day notice of cancellation | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| CANCELLATION | | | | | | |
| | ABOVE DESCRIBED POLICIES BE CANCELLED E RDANCE WITH THE POLICY PROVISIONS. | BEFORE THE EXPIRATION | ON DATE THERE | OF, NOTICE V | VILL BE | |
| | | | | | | |
| ADDITIONAL INTERES | 1 | ADDITIONAL INSURED | LENDER'S LOSS P | | LOSS PAYEE | |
| | MORTGAGEE | | | | | |
| | LOAN # | | | | | |
| Kilwins Choo | colates Franchise Inc. | | | | | |
| Kilwin's Qua | lity Confections Inc. | | /F | | | |
| 1050 Bay Vi Petoskey, M | | | | | | |
| | | 1 - Contraction of the second se | | | | |
| | | / | | | | |
| ACORD 27 (2016/03) | The ACORD name and logo a | | | KPORA FION | . All rights reserved. | |