

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 05/10/2017

	SE AFFORDED INSURER(S), A	UTHORIZE	D REPRESENTATIVE OR	UDENCE OF	INSURANCE	DOES NOT C	ONSTITUTE A	O RIGHTS UPON THE EXTEND OR ALTER CONTRACT BETWE	LIVIIIL
NCY	PHONE (A/C No. Ext): 843-837-2886								
oto Form	Kevin M. Sevi	er, Agent				ire and Casualty	Company		
AteFarm Kevin M. Sevier, Agent State Farm Insurance					State Farm F	Ire and Casuan	Company		
6 0.	27 Towne Drive, Ste 302								
	Bluffton	(8)(1)	SC	29910					
		E-MAIL ADDRESS:	kevin@kevinsevier.com						
C, No); 843	3-837-2881	ADDRESS:	SUB CODE:						
DE:		- 2/	SUB CODE:	1723 122	1			1	
ENCY STOMER ID #:					LOAN NUMBE	R		POLICY NUMBER	
SURED	5							99-BJ-H223-4	
MKC, INC			Caron		EFFECTI	VE DATE	EXPIRATION DAT	The Court of the C	UNTIL
BA Kilwins Chocolate Fudge and Ice Cream						/2016	10/26/2017	X TERMINATE	D IF CHECKED
O Box 24172 SC 29925					THIS REPLAC	THIS REPLACES PRIOR EVIDENCE DAYED:			
ilton Hea	d		30	. 25020					
ROPER	TY INFORMAT	ION					17.35		
414 Ford	ESCRIPTION ling Island Rd, S	Ste 200, Blu	ifton, SC 29910						
			STED BELOW HAVE BEEN REMENT, TERM OR CONDI ANCE MAY BE ISSUED OR						
SUBJEC	T TO ALL THE	TERMS, EX	ANCE MAY BE ISSUED OR CLUSIONS AND CONDITION)NS OF SUC		13.7	WATTIAVEDE		
	GE INFORMA		PERILS INSURED	BASIC	BROAD	X SPECIAL		AMOUNT OF INSURANCE	DEDUCTIBL
			COVERAGE / PERILS	/ FORMS				9300	1000
Building I	Retterments & I	mprovemer	ts - Replacement Cost Cov	erage				05000	1000
Business Personal Property - Replacement Cost Coverage							-0.73	5,000	1000
Spoilage due to breakdown/contamination/power outage								5,000	1000
Back-up of Sewer or Drain							1.03	274,300	1000
Back-up	of Brookdown -	Replacemo	ent Cost Coverage				4	274,300	1,000
Equipme	Int Breakdown	lation	514						1000
30 Day Notice of Cancellation Loss of Business Income & Extra Expense - Actual Loss Sustained									1000
Wind and Hail Coverage included							12	274,300	1000
									0
Flood Coverage - excluded								10,000	0
	ontamination RKS (Including								
	ELLATION	HE ABOVE	DESCRIBED POLICIES B	SE CANCELL	ED BEFORE	THE EXPIRAT	ON DATE THE	REOF, NOTICE WILL	. BE
CANCE	VEDED IN ACC	ORDANCE	WITH THE POLICY PROV	ISIONS.					
DELI					ADDI	TIONAL INSURED	LENDER'S LO	OSS PAYABLE	LOSS PAYEE
DEL!	IONAL INTER						70.000		
DEL!					MOR	TGAGEE	No.		
ADDIT NAME AN	IONAL INTERI	EST			MORT	TGAGEE			
ADDIT	IONAL INTERI ND ADDRESS & Chocolate Fran	EST nchise Inc 8	i			TGAGEE			
ADDIT NAME AN Kilwins Kilwins	ND ADDRESS Chocolate Frances Quality Confec	EST nchise Inc 8	l.		LOAN#		TIVE		
ADDIT NAME AN Kilwins Kilwins 1050 E	IONAL INTERI ND ADDRESS & Chocolate Fran 5 Quality Confect Bay View Rd	EST nchise Inc 8		мі 49770	LOAN#	TGAGEE	TIVE		
ADDIT NAME AN Kilwins Kilwins	IONAL INTERI ND ADDRESS & Chocolate Fran 5 Quality Confect Bay View Rd	EST nchise Inc 8		мі 49770	LOAN#	ZED REPRESENTA	11) CORPORATION. A	