



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/27/2023

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 OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Brightway Insurance PO Box 5700 Jacksonville, FL 32247		PHONE (A/C, No, Ext): 855-591-0567	COMPANY Mt. Hawley Insurance Company 10240 W Sample Road Coral Springs, FL 33065	
FAX (A/C, No): 904-322-5928		E-MAIL ADDRESS: Erica.White@Brightway.com		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID #:				
INSURED Ventures III Inc DBA Kilwins Coral Springs 12199 NW 32 Court Coral Springs, FL 33065		LOAN NUMBER Coral Springs Kilwins	POLICY NUMBER GPK0029953	
		EFFECTIVE DATE 12/14/2022	EXPIRATION DATE 12/14/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

2758 University Drive
Coral Springs, FL 33065

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

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property - Including Betterments and Improvements	\$450,000	\$1000 AOP
Equipment Breakdown Limit	\$450,000	\$1000
Spoilage	\$50,000	\$1000
Replacement Cost Basis - 80% Co-Insurance		
Special Coverage Form		
10 Day Notice for Non-Pay- 30 Day Notice for any other reason		
Business Income and Extra Expense	12 Months	72 Hours
Actual Loss Sustained / Windstorm or Hail Deductible		5%

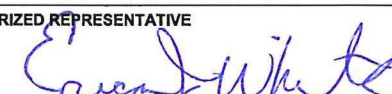
REMARKS (Including Special Conditions)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS Kilwins Chocolates Franchise, Inc. Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE 		

ACORD 27 (2006/07)

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