



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2019

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.

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| AGENCY<br>Gracey Backer Inc<br>275 George Bush Blvd<br>Delray Beach FL 33444<br>FAX (A/C, No.): (561) 265-0034<br>E-MAIL ADDRESS: trish@gbifl.com<br>CODE: 0102093<br>AGENCY CUSTOMER ID #: 00017088 | PHONE (A/C, No., Ext): (561) 276-6055                          | COMPANY<br>First Community Insurance Company<br>P O Box 33039<br>Saint Petersburg FL 33733 |
| INSURED<br>TK Confections LLC<br>4142 Legendary Dr<br>Destin FL 32541-5389   | LOAN NUMBER  | POLICY NUMBER<br>09 0004999708 6 05  |
|  | EFFECTIVE DATE<br>6/23/2019                                    | EXPIRATION DATE<br>6/23/2020   |
|  | CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/> |  |
| THIS REPLACES PRIOR EVIDENCE DATED:  |  |  |

### PROPERTY INFORMATION

|   |
|---|
| LOCATION/DESCRIPTION<br>Loc# 00001/Bldg# 00001<br>4142 Legendary Dr B106<br>Destin, FL 32541-5389 |
|---|

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      |
|---|---------------------|-----------------|
| Personal Property including Improvements & Betterments<br>Special form, Replacement Cost - 5% Wind deductible | 390,000             | 1,000           |
| Business Income - Actual loss sustained - 12 months<br>Spoilage   | ALS<br>10,000       | 72 hours<br>250 |


### 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

|   |  |                    |
|---|--|--------------------|
| NAME AND ADDRESS<br><br>KILWINS CHOCOLATES FRANCHISE INC<br>KILWINS QUALITY CONFECTIONS INC<br>1050 BAY VIEW RD<br>PETOSKEY, MI 49770 | MORTGAGEE  | ADDITIONAL INSURED |
|   | LOSS PAYEE   |                    |
|   | LOAN #   |                    |
|   | AUTHORIZED REPRESENTATIVE<br>Trish Warren/TW  |                    |