



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

OP ID: JG

DATE (MM/DD/YYYY)
08/23/2019

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 Bush Insurance & Financial Services 256 Jackson Meadows Dr Ste 100 Hermitage, TN 37076 Johnston & Associates		PHONE (A/C, No, Ext): 615-794-9668	COMPANY NAME AND ADDRESS Grange Insurance P O Box 1218 Columbus, OH 43216-1218	NAIC NO: 14060
FAX (A/C, No): 615-794-9674	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 41159	SUB CODE:		POLICY TYPE Businessowners policy	
AGENCY CUSTOMER ID #: MIDST-6		LOAN NUMBER		POLICY NUMBER BP 2780871
NAMED INSURED AND ADDRESS Midstate Confections, Inc. DBA Kilwins 620 Crofton Park Ln Franklin, TN 37069		EFFECTIVE DATE 06/01/19	EXPIRATION DATE 06/01/20	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 405 MAIN ST FRANKLIN, TN 37064	CANDY STORE AND MANUFACTURER- Confectionary - with Cooking
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: \$ 450,000	DED: 1,000
	YES NO N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X
BLANKET COVERAGE	If YES, LIMIT: X Actual Loss Sustained; # of months:
TERRORISM COVERAGE	If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?	
LIMITED FUNGUS COVERAGE	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	
REPLACEMENT COST	X
AGREED VALUE	
COINSURANCE	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	If YES, LIMIT: DED:
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 <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	If YES, LIMIT: DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> 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

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS Fidelity Bank ISAOA ATIMA P. O. Box 105075 Atlanta, GA 30348		AUTHORIZED REPRESENTATIVE <i>Gregory A. Powell</i>

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

**Building Betterments & Improvements \$185,000 included in BPP limit of
\$ 450,000 Replacement Cost Valuation, \$ 1,000 Deductible; Spoilage \$
25,000, RCV, Agreed Value with Coinsurance Suspended, Special Coverag
Form, 30 Day cancellation, Loss of Business Income & Extra Expense -
ALS 12 Month 72 Hour**