



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/12/2018

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 Penny Insurance Agency 225 Sixth Ave West Hendersonville NC 28793		PHONE (A/C, No, Ext): (828) 692-9171		COMPANY Auto-Owners Mutual Insurance P.O. Box 740312 Cincinnati OH 45274-0312	
FAX (A/C, No): (828) 693-0723		E-MAIL ADDRESS: stacey@pennyinsuranceage			
CODE: 15063000		SUB CODE:			
AGENCY CUSTOMER ID #: 00001632		LOAN NUMBER		POLICY NUMBER 4870579800	
INSURED BuDe, Inc. dba Kilwin's of Hendersonville 506 N Main St Hendersonville NC 28792-5070		EFFECTIVE DATE 2/1/2018	EXPIRATION DATE 2/1/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc1/Bldg1 506 N. Main St. Hendersonville, NC 28792

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 (Replacement Cost, Special Form)	205,000	500
Business Income w/ Extra Expense	100,000	500
Refrigerated Products (Spoilage)	10,000	500
30 Day notice of Cancellation		
Wind and Hail Included		

REMARKS (Including Special Conditions)

Should any of the described policies be cancelled before the expiration date thereof, the issuing Insurer will mail written notice in accordance with the policy provisions to the certificate holder named within the stated time frames of 30 days, except for the reason of non-payment of premium at 10 days.

Certificate Holder is listed as Additional Insured.

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

Kilwin's Chocolates Franchise, Inc. Kilwin's Quality Confectgions, Inc. 1050 Bay View Road Petoskey, MI 49770	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Mackenzie Bond/MACK 		