

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 6/22/2017

ADDITION	IDENCE OF PROPERTY INSURANCE IS ISSUED AS A MAT NAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPER ED BY THE POLICIES BELOW.				
AGENCY PHONE (A/C, No, Ext): (828) 526-3713 COMPANY					
Wayah-H		Sentinel Ins Co Lmtd			
PO Box 6		S36			
	ls, NC 28741				
	is, 110 201 11				
	28) 526-3689 E-MAIL ADDRESS:				
CODE: 222					
	D# KILWOFH-01			T = - · · • · · · · · · · · · · · · · · · ·	
INSURED	Integrity Chocolates Inc. DBA Kilwins Of Highlands PO Box 1046 Highlands, NC 28741-	LOAN NUMBER		POLICY NUMBER	
				22SBATO0811S	4
	nigilialius, NC 20741-	EFFECTIVE DATE	EXPIRATION DATE	CONTINUE	
		8/10/2017	8/10/2018	TERMINAT	ED IF CHECKED
		THIS REPLACES PRIOR EVII	DENCE DATED:		
PROPERT LOCATION/DI	TY INFORMATION  ESCRIPTION				
Loc # 1 Blo	dg # 1 Store 341 Main Street Highlands NC 28741				
	<b>. .</b>				
	LICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED				
	HSTANDING ANY REQUIREMENT, TERM OR CONDITION OF A				
	CE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA TTO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCK				
	<u> </u>	TT OLIGILO. LIMITO GITO	, , , , , , , , , , , , , , , , , , ,	LIVICEDUCED BY	7 (ID OL) (IIVIO.
COVERAC	GE INFORMATION				DEDUCTION 5
Personal Pr	COVERAGE / PERILS / FORMS		AMC	9UNT OF INSURANCE 481,300.00	DEDUCTIBLE 2,500
reisonai ri	operty			461,300.00	2,300
REMARKS	S (Including Special Conditions)				
See attacl	hed remarks page.				
	nou remarke page.				
CANCELL	ATION				
		HE EXPIRATION DATE THE	EREOF, THE ISSUING	INSURER WILL EN	DEAVOR TO
SHOULD A	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAME	D BELOW, BUT FAILURE			
SHOULD A	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T	D BELOW, BUT FAILURE			
SHOULD A MAIL ( OR LIABILI	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAME	D BELOW, BUT FAILURE			
SHOULD A MAIL ( OR LIABILI	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO LAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAME TY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTA IAL INTEREST	D BELOW, BUT FAILURE		CE SHALL IMPOSE I	
SHOULD A MAIL ( OR LIABILI ADDITION	NY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TO LAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAME TY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTA IAL INTEREST	D BELOW, BUT FAILURE TIVES.	TO MAIL SUCH NOTI	CE SHALL IMPOSE I	
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**REMARKS** KILWOFH-01 **LALO** PAGE 1 OF 1 Temperature change \$25,000
Replacement Cost Basis, No Coinsurance
Special Coverage form
30 Day notice of cancellation
Business income/extra expense 12 months/no waiting period Wind/Hail Included