



## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 1/17/2019

|  | EVIDENCE OF PR   | OPERTITINS   | UKANCE   |   | 1/17/2019                    |  |
|--|--|--|--|---|------------------------------|--|
| ADDITIONAL INTERES COVERAGE AFFORDE                                      | PROPERTY INSURANCE IS ISSUED AS A MA<br>T NAMED BELOW. THIS EVIDENCE DOES N<br>D BY THE POLICIES BELOW. THIS EVIDE<br>AUTHORIZED REPRESENTATIVE OR PRODUCI | NOT AFFIRMATIVELY ONCE OF INSURANCE DO                           | R NEGATIVELY AND ES NOT CONSTITU               | MEND, EXTEND O                                | R ALTER THE                  |  |
| AGENCY   | PHONE<br>(A/C, No, Ext): (631) 421-2525  | COMPANY  |  |   |                              |  |
| J.W. Hirschfeld Agency, Inc.<br>326 New York Ave<br>Huntington, NY 11743 |  | Ohio Security Insurar  | nce Company                                    |   |                              |  |
| FAX<br>(A/C, No):(631) 421-3015  | E-MAIL<br>ADDRESS: info@jwhinsurance.com   |  |  |   |                              |  |
| CODE: 4810252  | SUB CODE: 0670013  |  |  |   |                              |  |
| AGENCY<br>CUSTOMER ID #: SJHSWEE-  | 01   |  |  |   |                              |  |
| SJH Sweets LLC 293 Main Street Huntington, NY 11743                      |  | LOAN NUMBER POLICY NUMBER BZS55480689                            |  |   |                              |  |
|  |  | EFFECTIVE DATE 3/8/2018  | EXPIRATION DATE 3/8/2019                       |   |                              |  |
|  |  | THIS REPLACES PRIOR EVI  | THIS REPLACES PRIOR EVIDENCE DATED:            |   |                              |  |
| PROPERTY INFORMATI   | ON   |  |  |   |                              |  |
| THE POLICIES OF INSL   | JRANCE LISTED BELOW HAVE BEEN ISSUED   | TO THE INSURED NAM   | MED ABOVE FOR T                                | THE POLICY PERIO                              | D INDICATED.                 |  |
| NOTWITHSTANDING AN EVIDENCE OF PROPER                                    | Y REQUIREMENT, TERM OR CONDITION OF<br>TY INSURANCE MAY BE ISSUED OR MAY PER<br>ERMS, EXCLUSIONS AND CONDITIONS OF SUCH                                    | ANY CONTRACT OR OTRIAN, THE INSURANCE A                          | THER DOCUMENT FFORDED BY THE F                 | WITH RESPECT TO<br>POLICIES DESCRIB           | O WHICH THIS<br>ED HEREIN IS |  |
| COVERAGE INFORMAT  | ION PERILS INSURED BASIC   | BROAD X SPECI  | AL .   |   |                              |  |
|  | COVERAGE / PERILS / FORMS  |  | AMO  | OUNT OF INSURANCE                             | DEDUCTIBLE                   |  |
|  | ty - Replacement Cost eff 2/1/19<br>Loss Sustained - 12 months<br>mage   |  |  | \$390,000<br>\$10,000<br>\$10,000<br>\$35,000 | 1,000<br>1,000               |  |
| REMARKS (Including Sp  | pecial Conditions)   |  |  | l   |                              |  |
| Special Conditions:<br>30 day notice of cancellation                     | on   |  |  |   |                              |  |
| CANCELLATION   |  |  |  |   |                              |  |
|  | HE ABOVE DESCRIBED POLICIES BE CAI<br>DANCE WITH THE POLICY PROVISIONS.  | NCELLED BEFORE THE   | EXPIRATION DAT                                 | E THEREOF, NO                                 | TICE WILL BE                 |  |
| ADDITIONAL INTEREST  |  |  |  |   |                              |  |
| NAME AND ADDRESS   |  | X ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE  MORTGAGEE |  |   |                              |  |
|  | Chocolate Franchise Inc<br>Quality Confections Inc   | LOAN#  |  |   |                              |  |
| 1050 Bay View Road<br>Petoskey, MI 49770                                 |  | AND DECIMAL DECIMAL AND  | AUTHORIZED REPRESENTATIVE  - Hun Hunchpll Mith |   |                              |  |