




EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/09/2024

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.

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| PRODUCER NAME, CONTACT PERSON AND ADDRESS  Nathaniel Herring Agency STATE FARM Insurance Co 3521 US Hwy 17, Suite A Fleming Island FL 32259 | | PHONE (A/C, No, Ext): 904-269-5200 | COMPANY NAME AND ADDRESS State Farm Florida Insurance Company | NAIC NO: 10739 |
| FAX (A/C, No): E-MAIL ADDRESS: | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: AGENCY CUSTOMER ID #: | | POLICY TYPE Business Owners policy | | |
| NAMED INSURED AND ADDRESS Vada Chocolates, Inc DBA Kilwins of Jacksonville 419 Marquesa Cir St Johns FL 32259 | | LOAN NUMBER | POLICY NUMBER 98 EJP1018 | |
| ADDITIONAL NAMED INSURED(S) | | EFFECTIVE DATE 07/31/2024 | EXPIRATION DATE 07/31/2025 | <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| | | THIS REPLACES PRIOR EVIDENCE DATED: | | |

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

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| LOCATION / DESCRIPTION 10281 Midtown Parkway Suite 125 Jacksonville FL 32246 |
| 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. |

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| COVERAGE INFORMATION | | PERILS INSURED | BASIC | BROAD | SPECIAL | <input checked="" type="checkbox"/> Spoilage Coverage \$15,000 Included |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 500000 | | | | | | DED: 10000 |
| | YES | NO | N/A | | | |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | <input checked="" type="checkbox"/> | | | If YES, LIMIT: | | Actual Loss Sustained; # of months: 12 |
| BLANKET COVERAGE | <input checked="" type="checkbox"/> | | | If YES, indicate value(s) reported on property identified above: \$ | | |
| TERRORISM COVERAGE | | | <input checked="" type="checkbox"/> | Attach Disclosure Notice / DEC | | |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | | <input checked="" type="checkbox"/> | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | | | <input checked="" type="checkbox"/> | | | |
| LIMITED FUNGUS COVERAGE | | | <input checked="" type="checkbox"/> | If YES, LIMIT: | | DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | | <input checked="" type="checkbox"/> | | | |
| REPLACEMENT COST | <input checked="" type="checkbox"/> | | | | | |
| AGREED VALUE | | | <input checked="" type="checkbox"/> | | | |
| COINSURANCE | | | <input checked="" type="checkbox"/> | If YES, % | | |
| EQUIPMENT BREAKDOWN (If Applicable) | <input checked="" type="checkbox"/> | | | If YES, LIMIT: included | | DED: 2500 |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | <input checked="" type="checkbox"/> | | | If YES, LIMIT: included | | DED: |
| - Demolition Costs | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 10% | | DED: |
| - Incr. Cost of Construction | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 10% | | DED: |
| EARTH MOVEMENT (If Applicable) | | | <input checked="" type="checkbox"/> | If YES, LIMIT: | | DED: |
| FLOOD (If Applicable) | | | <input checked="" type="checkbox"/> | If YES, LIMIT: | | DED: |
| WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | <input checked="" type="checkbox"/> | | | If YES, LIMIT: | | DED: 10000 |
| NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | | | <input checked="" type="checkbox"/> | If YES, LIMIT: | | DED: |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | <input checked="" type="checkbox"/> | | | | | |

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

| | | |
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| <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE | <input checked="" type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| NAME AND ADDRESS Kilwins Chocolate Franchise, Inc Kilwins Quality Confections, Inc 1050 Bay View Road Petoskey MI 49770 | | AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent. |

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