



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
9/4/2024

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 Doehring Schultz Agency 3975 W Monroe Rd Alma, MI 48801 | PHONE (A/C, No, Ext): (989) 463-4918 | COMPANY NAME AND ADDRESS Grange | NAIC NO: 14060 |
| Contact name: Doehring Schultz - MP | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | |
| FAX (A/C, No): (989) 463-8663 | E-MAIL ADDRESS: insurance@doehringschultz.com | | |
| CODE: | SUB CODE: | POLICY TYPE Business Owners Policy | |
| AGENCY CUSTOMER ID #: ELLIGRE-01 | | | |
| NAMED INSURED AND ADDRESS Elliott's Greenhouse, Inc. 800 W Broadway Mount Pleasant, MI 48858 | LOAN NUMBER | POLICY NUMBER BP 2790698 | |
| | EFFECTIVE DATE 8/16/2024 | EXPIRATION DATE 8/16/2025 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| ADDITIONAL NAMED INSURED(S) | THIS REPLACES PRIOR EVIDENCE DATED: 08/23/2023 | | |

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

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, \$924,000 ACV \$101,000 contents RC BI-ACV Ded \$1000
SEE ATTACHED ACORD 101

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 | <input checked="" type="checkbox"/> SPECIAL |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ | | | | DED: |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | YES | NO | N/A | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: |
| BLANKET COVERAGE | | | | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE | | | | Attach Disclosure Notice / DEC |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | | | | |
| LIMITED FUNGUS COVERAGE | | | | If YES, LIMIT: DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | | | |
| REPLACEMENT COST | | | | |
| 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

| | | | |
|--|-----------------------|------------|--|
| CONTRACT OF SALE | LENDER'S LOSS PAYABLE | LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| MORTGAGEE | | | |
| NAME AND ADDRESS Kilwin's Chocolate Franchise, Inc 1050 Bay View Road Petoskey, MI 49770 | | | AUTHORIZED REPRESENTATIVE <i>Ashley A McBride</i> |

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|--|---------------------------|--|--|
| AGENCY Doehring Schultz Agency | | NAMED INSURED Elliott's Greenhouse, Inc. 800 W Broadway Mount Pleasant, MI 48858 | |
| POLICY NUMBER BP 2790698 | | | |
| CARRIER Grange | NAIC CODE 14060 | EFFECTIVE DATE: 08/16/2024 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Property Information:
Loc # 1, Bldg # 2, \$38,000 ACV bld \$40,000 content RC BI-ALS Ded \$1000