

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11-8-2018

		EVIDENCE OF PRO	'F L		אכ	ANCE		11-8-201	.8	
ADDITIONAL INTEREST COVERAGE AFFORDED	NAMED B BY THE P UTHORIZE	SURANCE IS ISSUED AS A MATTER OF ELOW. THIS EVIDENCE DOES NOT AFF OLICIES BELOW. THIS EVIDENCE OF I D REPRESENTATIVE OR PRODUCER, A	IRM/ NSU ND	ATIVELY OR NEGAT RANCE DOES NOT THE ADDITIONAL II	CO	LY AMEND, EXTE NSTITUTE A CON	ND OR ALTE	R THE		
AGENCY PHONE (231)347-8113 (231)347-8113				COMPANY						
The Harbor/Brenn Agencies				Frankenmuth Mutual Ins Co						
1231 N US Highway	31		Oı	ne Mutual Ave	nue	9				
Petoskey MI 49770				rankenmuth		MI 487	87-0001			
FAX (A/C, No): (231)347-3853	E-MAIL ADDRESS:	insurance@harborbrenn.com								
CODE:	7.22.12001	SUB CODE:								
AGENCY CUSTOMER ID #: 00012005	;									
INSURED				OAN NUMBER			POLICY NUMBE	R		
TWENTY NINTH INVESTMENTS INC.							BOP626869	95		
316 HOWARD ST				EFFECTIVE DATE		EXPIRATION DATE	ATION DATE			
SIO HOMIND DI				11/1/2018		11/1/2019		NTINUED UNTIL RMINATED IF CHECKE	<u>-</u> D	
DEMOGREY	WT	40770 2414	TU	IIS REPLACES PRIOR EVID)ENC			- CILCILE		
PETOSKEY	MI	49770-2414	'"	IIS REPLACES PRIOR EVIL	DENC	E DATED:				
DD ODEDTY INFORMATIO										
PROPERTY INFORMATIO	ON									
LOCATION/DESCRIPTION LOC# 00001/Bldg# (316 HOWARD ST PETOSKEY, MI 4977										
NOTWITHSTANDING ANY EVIDENCE OF PROPERTY SUBJECT TO ALL THE TEI	REQUIREN Y INSURAN RMS, EXCL	ED BELOW HAVE BEEN ISSUED TO THE MENT, TERM OR CONDITION OF ANY COI CE MAY BE ISSUED OR MAY PERTAIN, T USIONS AND CONDITIONS OF SUCH PO	NTR/ HE IN	ACT OR OTHER DOO NSURANCE AFFORD	CUM DED	ENT WITH RESPE BY THE POLICIES	ECT TO WHIC S DESCRIBED	H THIS D HEREIN IS		
COVERAGE INFORMATION	ON					T				
_ '33' _ 3		COVERAGE / PERILS / FORMS				AMO	UNT OF INSURAN			
Building, Replacement Cost, Special form							\$185,		\$500	
Personal Property, Replacement Cost, Special form							\$205,		\$500	
Spoilage							\$10,	000		
Business Income & Extra Expense						12	Months .	ALS		
REMARKS (Including Sp										
30 day notice of	cancell:	ation								
CANCELLATION										
SHOULD ANY OF THE A		SCRIBED POLICIES BE CANCELLED BE	FOR	E THE EXPIRATION	I DA	TE THEREOF, NO	OTICE WILL E	3E		
ADDITIONAL INTEREST NAME AND ADDRESS					v	T				
NAME AND ADDRESS			Н	MORTGAGEE	X	ADDITIONAL INSUR	ED			
Kilwins Choco & Kilwin's Qu			1 1	LOSS PAYEE						
	ality	ranchise, Inc.	LOA		•					
Confections,	ality Inc.	ranchise, Inc.			VE					
	ality Inc. Rd.	ranchise, Inc.	AUT	N #			Gana M.	Hartson-		