

## **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 11/15/2017

ADDITIONAL INTERES	T NAMED B D BY THE P AUTHORIZE	SURANCE IS ISSUED AS ELOW. THIS EVIDENCE I OLICIES BELOW. THIS E D REPRESENTATIVE OF	DOES NOT A	AFFIRMATIVE OF INSURANC	ELY OR NE CE DOES I	EGATIVE	LY AM	END, E ITE A C		R ALT	ER THE	
AGENCY PHONE 734-453-6000					COMPANY Cincinnati Indemnity Insurance Company							
C.L. Finlan & Son, Inc 47784 Halyard Dr Plymouth, MI 48170					naemnity l	nsurance	Comp	any				
FAX (A/C, No).734-404-2370	E-MAIL ADDRESS:	info@finlan.com										
CODE:												
AGENCY CUSTOMER ID #: LOREHOL-0	1				ER				POLICY NUME	BER		
Loree Holdings LLC 298 S Main					ENP 0196788							
Plymouth, MI 48170					IVE DATE	TE EXPIRATION DATE CONTINUED UNTIL 05/13/2018 TERMINATED IF CHECKED						
					ES PRIOR E	IDENCE DA	TED:					
PROPERTY INFORMATI	ON											
LOCATION/DESCRIPTION Location at 298 S Main St	Plymouth Ml	48170										
NOTWITHSTANDING ANY EVIDENCE OF PROPERT	( REQUIREI Y INSURAN	ED BELOW HAVE BEEN IS MENT, TERM OR CONDITI ICE MAY BE ISSUED OR N LUSIONS AND CONDITION	ION OF ANY MAY PERTAI	CONTRACT ( N, THE INSUF	OR OTHER RANCE AF	R DOCUM FORDED	IENT W BY TH	/ITH RE E POLI	SPECT TO	WHIC	CH THIS D HEREIN IS	
COVERAGE INFORMAT	ION	PERILS INSURED	BASIC	BROAD	X SPEC	IAL		1				
Building Betterments & Imp	ovomonto l	COVERAGE / PERILS / F						амоц 185.00	NT OF INSUR	ANCE	DEDUCTIBLE 2,500	
Business Personal Property Business Income with Extra Spoilage - Due To Breakdor Agreed Value - No Coinsur 30 Days Notice of Cancellat	Expense, S wn/Contamir ance ion	pecial Form, Actual Loss S hation/Power Outage	Sustained					205,00 12 Mo 10,000	nths		2,500 24 Hours 500	
REMARKS (Including Sp	ecial Cond	litions)										
CANCELLATION												
SHOULD ANY OF THE A DELIVERED IN ACCOR							ТЕ ТН			NILL E	BE	
1		SCRIBED POLICIES BE C TH THE POLICY PROVISION		BEFORE TH	E EXPIRA				, NOTICE V			
ADDITIONAL INTEREST				BEFORE TH								
ADDITIONAL INTEREST					IAL INSURED			OSS PAY			SS PAYEE	
	DANCE WIT	TH THE POLICY PROVISI			IAL INSURED						SS PAYEE	
NAME AND ADDRESS Kilwins Choc 1050 Bay Vie	DANCE WIT	TH THE POLICY PROVISI		ADDITION MORTGA LOAN #	IAL INSURED						SS PAYEE	
NAME AND ADDRESS Kilwins Choc 1050 Bay Vie	DANCE WIT	TH THE POLICY PROVISI		ADDITION MORTGA LOAN #	IAL INSURED GEE REPRESENTA	LEN TIVE gert	DER'S L	OSS PAY	ABLE	LC	SS PAYEE	