



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2018

THIS EVIDENCE OF 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.

AGENCY Purmort and Martin Insurance Agency LLC 2301 Ringling Boulevard  Sarasota FL 34237	PHONE (A/C, No, Ext): (941)366-7070	COMPANY Old Dominion Ins. Co. 4601 Touchton Rd E Suite 3300 P O Box 16100 Jacksonville FL 32245-6100
FAX (A/C, No): (941)953-4901	E-MAIL ADDRESS: Roxanne@purmort.com	
CODE: 090159003	SUB CODE: 090159	
AGENCY CUSTOMER ID #: 00023390		
INSURED Southern Possessions, Inc. Kilwin's of St. Armands 1471 Northgate Boulevard Sarasota FL 34234	LOAN NUMBER	POLICY NUMBER BPG94564
	EFFECTIVE DATE 2/13/2018	EXPIRATION DATE 2/13/2019
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loc# 00001/Bldg# 00001  
312 JOHN RINGLING BLVD  
SARASOTA, FL 34236  
See Attached Overflow Pages

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.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building, Replacement Cost, Special form	175,000	2,500
Personal Property, Special form	230,000	2,500
Spoilage, Replacement Cost, Spoilage of Perishable Stock	10,000	0
Off Premises Power Failure, Off Premise Power Failure	10,000	2,500
Monies and Securities on Premises, Money & Securities on Premises	5,000	0
Burglary and Robbery (Money), Money & Securities Off Premises	5,000	0
Additional Insured, Additional Insured	1	0
Additional Insured, Additional Insured	1	0
Additional Insured, Additional Insured	2	0
Business Income - Loss of Utilities, Utility Services - Time Element	5,000	0

### REMARKS (Including Special Conditions)

### 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

joshv@ovdinsurance.com Kilwin's Chocolate Franchise, Inc. & Kilwin's Quality Confections, Inc. 1050 Bay View Road Petoskey, MI 49770	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
LOAN #		
AUTHORIZED REPRESENTATIVE <i>Roxanne Sima</i>		
Roxanne Sima/CC		

## COMMENTS/REMARKS

30 Day Notice of Cancellation

## Additional Named Insureds

Other Named Insureds

Kilwins of St Armands

Doing Business As

## ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 1471 NORTHGATE BOULEVARD, Personal Property, 260,000	SPC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
260,000			2,500	
			Premium	\$2,114.00
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 1471 NORTHGATE BOULEVARD, Personal Property, 260,000	WINDST		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			5,000	Percent
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
2	00001, 1471 NORTHGATE BOULEVARD, Additional Insured, 1	ADDIN		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1			0	
			Premium	\$26.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
			Premium	