

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 2/7/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 26										CORD 28.	
	DUCE	:R sonBaker Ag	goney Inc		NAME: CE	CONTACT NAME: Certificate Department					
61	Cor	dova Street	gency, mc.		(A/C, No, Ext): 90	PHONE (A/C, No, Ext): 904-824-1631 FAX (A/C, No): 904-824-1675					
		gustine FL 32	2084		ADDRESS:	E-MAIL ADDRESS: certificates@thompsonbaker.com PRODUCER CUSTOMER ID: KILWI-1					
					PRODUCER CUSTOMER ID:						
						INSURER(S) AFFORDING COVERAGE NAIC #					
	RED		_		INSURER A : Ins	INSURER A: Insurance Co. of North America					
Da	llair	e Developme Iwin's Choco	ent Grp		INSURER B :	INSURER B:					
		R 13 S	nates			INSURER C :					
Elkton FL 32033						INSURER D :					
						INSURER E :					
I -						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 1935882346						REVISION NUMBER:					
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
140 St. George Street St. Augustine, FL 32084											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES TO WHICH THIS CERTIFICATE 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 CL										H RESPECT NS	
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)			COVERED PROPERTY	LIMITS		
Α	Х	PROPERTY		HAN000204	11/11/2018	11/11/2019		BUILDING	\$		
	CAI	JSES OF LOSS	DEDUCTIBLES				X	PERSONAL PROPERTY	\$ 229,00	00	
		BASIC	BUILDING				Х	BUSINESS INCOME	\$ 300,00	00	
		BROAD	CONTENTS					EXTRA EXPENSE	\$		
	Х	SPECIAL	\$5,000					RENTAL VALUE	\$		
		EARTHQUAKE						BLANKET BUILDING	\$		
	X	WIND	5% W/H					BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
	X	BI & EE	72 Hours				X	Ten Improvement	\$ 175,00		
	<u> </u>	BI G EE	72110010				X	BI & EE			
-		INLAND MARINE	<u> </u>	TYPE OF POLICY			 	BI W.E.E.	\$ 12 Mo	nuis	
	CAUSES OF LOSS NAMED PERILS		_	POLICY NUMBER				-	\$		
								-	\$		
								-	\$		
	CRIME								\$		
	TYPE OF POLICY BOILER & MACHINERY / EQUIPMENT BREAKDOWN								\$		
						_		_	\$		
\vdash									\$		
							_	-	\$		
<u> </u>							-		\$		
								_	\$		
									\$		
SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Contents Ded: \$5,000 Wind Ded: 5% W/H Replacement Cost Spoilage \$10,000 Loss of Business Income & Extra Expense - 12 Months, Deductible: 72 Hours											
CERTIFICATE HOLDER 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.					
		Kilwin's Confection	Quality	, -	AUTHORIZED DE	AUTHORIZED REPRESENTATIVE					

1050 Bay View Road Petoskey MI 49770

AUTHORIZED REPRESENTATIVE