

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/28/2022

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.

	AUTHORIZED REPRESENTATIVE OR PRO		HE ADD	ITIONAL	INTER	REST.	ILAO	ONTRACT BETT	VEEN IIIE	
AGENCY	PHONE (A/C, No, Ext): 630-904-4400 COMPANY						NAIC# 25143			
State Farm CAMILLE LOGOTHETIS										
2728 HASSERT BLVD STE 112		State F	State Farm Fire and Casualty Company							
NAPERVILLE, IL 60564										
	1									
FAX (A/C, No): 630-904-4404	E-MAIL ADDRESS: ALEC.A.LOGOTHETIS.DIT3@S	STATEF								
CODE: 13-3714	SUB CODE:									
AGENCY CUSTOMER ID #:										
INSURED		LOAN N	LOAN NUMBER				POLICY NUMBER			
ST CHARLES SWEET SHOP INC							93-KK-D709-4			
132 S 1ST ST			EFFECTIVE DATE EXPIRATION				CONTINUED UNTIL			
ST CHARLES, IL 60174			10/01/2022 10/01/2				2023 X TERMINATED IF CHECKED			
			THIS REPLACES PRIOR EVIDENCE DATED:							
PROPERTY INFORMATI	ON									
LOCATION/DESCRIPTION 132 S 1ST ST										
ST CHARLES, IL 60174										
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THE POLICIES OF INSUR	RANCE LISTED BELOW HAVE BEEN ISSUE	D TO THE INSUF	RED NAM	IED ABO	VE FO	R THE	POLIC	Y PERIOD INDIC	ATED.	
NOTWITHSTANDING AN'	Y REQUIREMENT, TERM OR CONDITION C	F ANY CONTRA	CT OR C	THER DO	CUMI	ENT W	ITH RE	SPECT TO WHIC	CH THIS	
	TY INSURANCE MAY BE ISSUED OR MAY F									
	ERMS, EXCLUSIONS AND CONDITIONS OF			SHOWN	IVIAY	HAVE	BEEN I	REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMAT		SIC BROA	D	SPECIAL						
I PREMISE	COVERAGE / PERILS / FORMS	3					AMOU	NT OF INSURANCE	DEDUCTIBLE	
BUILDING BETTERMENTS & IMPROVEMENTS							200 7	00	1,000	
							1,000			
BUSINESS PERSONAL PROPERTY SPOILAGE DUE TO BREAKDOWN/CONTAMINATION/POWER OUT							· '		'	
								1,000		
REPLACEMENT COST BASIS AGREED VALUE W/ COINSURANCE SUSPENDED SPECIAL COVERAGE FORM 30 DAY NOTICE OF CANCELLATION, LOSS OF BUSINESS INCOME & EXTRA EXPENSE										
ACTUAL LOSS SUSTAINED										
	SICNATED EL OO	S EL COD PLAIN				12 MONTHS				
FLOOD COVERAGE - REQUIRED IF LOCATED IN FEDERALLY DESIGNATED FLOOD PLAIN WIND AND HAIL COVERAGE - SEPARATE POLICY IF EXCLUDED ON BETTERMENT/BPP & BI/EE COVERAGE										
WIND AND HALL GOVERAGE - SERAMATE POLICT IF EXCLUDED ON DETTERMENT/BPP & BI/EE CC						AGE				
DEMARKO (In alcodina a Co	and Conditions									
REMARKS (Including S	beciai Conditions)									
CANCELLATION										
	ABOVE DESCRIBED POLICIES BE CANCI DANCE WITH THE POLICY PROVISIONS.		THE EX	PIRATIO	N DA1	E THE	REOF	, NOTICE WILL I	BE	
ADDITIONAL INTEREST										
NAME AND ADDRESS		X ADD	ITIONAL IN	SURED	LENI	DER'S LO	OSS PAY	ABLE LO	OSS PAYEE	
		7 \	RTGAGEE		-			- H		
KILWINS CHOCOLATES FRANCHISE INC										
KILWINS QUALITY CONF	KILWINS QUALITY CONFECTIONS INC									
1050 BAY VIEW RD	1050 BAY VIEW RD AUTHORIZED REPRESENTATIVE									
PETOSKEY, MI 49770										
Alec Logothetis										

ACORD 27 (2016/03)

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