

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/09/2023

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		D THE A	DOLONO	INTER	REST.	LAGO	SITTINGOT BETT	LEIN IIIE	
AGENCY	(A/C: No. Ext): 000 004 4400			COMPANY NAIC# 25143						
State Farm CAMILLE LOGOTHETIS										
2728 HASSERT BLVD STE 112		Sta	State Farm Fire and Casualty Company							
NAPERVILLE, IL 60564										
FAX (A/C, No): 630-904-4404	E-MAIL ADDRESS: ALEC.A.LOGOTHETIS.DIT3@S	STATEF								
CODE: 13-3714										
AGENCY CUSTOMER ID #:										
INSURED		LOA	LOAN NUMBER				POLICY NUMBER			
ST CHARLES SWEET SHOP INC							93-KK-D709-4			
132 S 1ST ST			EFFECTIVE DATE EXPIRATIO			IRATION	N DATE CONTINUED UNTIL			
ST CHARLES, IL 60174			10/01/	0/01/2023 10/01/2			024 X TERMINATED IF CHECKED			
			THIS REPLACES PRIOR EVIDENCE DATED:				!			
PROPERTY INFORMATI	ON									
LOCATION/DESCRIPTION										
132 S 1ST ST ST CHARLES, IL 60174										
OT OTTAKLEO, IL 00174										
THE POLICIES OF INSUE	PANCE LISTED BELOW HAVE BEEN ISSUE	D TO THE IN	SUREDIA	JAMED ARC	NE FOI	2 THE		/ PERIOD INDIC	ATED	
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										
	Y INSURANCE MAY BE ISSUED OR MAY P									
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
COVERAGE INFORMAT	ION PERILS INSURED BAS	SIC X BF	ROAD	SPECIA	L					
	COVERAGE / PERILS / FORMS	3					AMOUN	NT OF INSURANCE	DEDUCTIBLE	
PREMISE										
BUILDING BETTERMENTS & IMPROVEMENTS									1,000	
BUSINESS PERSONAL PROPERTY							214,700		1,000	
SPOILAGE DUE TO BREAKDOWN/CONTAMINATION/POWER OUT							15,000 1,000			
REPLACEMENT COST BASIS AGREED VALUE W/ COINSURANCE SUSPENDED SPECIAL COVERAGE FORM										
30 DAY NOTICE OF CANCELLATION, LOSS OF BUSINESS INCOME & EXTRA B				A EXPENSE						
ACTUAL LOSS SUSTAINED								12 MONTHS		
FLOOD COVERAGE - REQUIRED IF LOCATED IN FEDERALLY DESIGNATED FL										
WIND AND HAIL COVERAGE - SEPARATE POLICY IF EXCLUDED ON BETTERME				P & BI/EE C	OVERA	AGE				
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										
NAME AND ADDRESS		X	ADDITIONA	AL INSURED	LENI	DER'S LO	SS PAYA	ABLE LC	OSS PAYEE	
				ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE						
KILWINS CHOCOLATES FRANCHISE INC				MORTGAGEE LOAN #						
KILWINS QUALITY CONF	KILWINS QUALITY CONFECTIONS INC									
1050 BAY VIEW RD	050 BAY VIEW RD AUTHORIZED REPRESENTATIVE									
DETOCKEN AN ACTEC										
Alec Logothe							ruci			

ACORD 27 (2016/03)

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