

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 10/08/2025

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 OF						IE A C	UNIKACI BEI	WEEN THE	
AGENCY	PHONE (A/C, No, Ext): 630-904-4400 COMPANY						NAIC# 25143			
State Farm CAMILLE LOGOTHETIS			1							
2728 HASSERT BLVD STE 112			State Farm Fire and Casualty Company							
NAPERVILLE, IL 60564										
FAX (A/C, No): 630-904-4404 E-MAIL ADDRESS: ALEC.A.LOGOTHETIS.DIT3@STATEF										
CODE: 13-3714 SUB CODE:										
AGENCY CUSTOMER ID #:										
INSURED		LOAN NUMBER				POLICY NUMBER				
ST CHARLES SWEET SHOP INC							93-KK-D709-4			
132 S 1ST ST			EFFECTIVE DATE EXPIRATION			N DATE	DATE CONTINUED UNTIL			
ST CHARLES, IL 60174			10/01	10/01/2025 10/01/2026			2026			
			THIS REPLACES PRIOR EVIDENCE DATED:							
PROPERTY INFORMATION	ON									
LOCATION/DESCRIPTION										
132 S 1ST ST										
ST CHARLES, IL 60174										
THE DOLLOISE OF INCHE	ANCELICTED DELOW/HAVE DEEN K	COLIED TO TH	E INCLIDED I	JAMED	A D O \ / E E (אם דוור	DOLIC:	V DEDIOD INDIO	NATED	
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 PROPERT	Y INSURANCE MAY BE ISSUED OR N	MAY PERTAIN	, THE INSUR	ANCE A	FFORDED	BY TH	E POLI	CIES DESCRIBE	D HEREIN IS	
SUBJECT TO ALL THE TE	ERMS, EXCLUSIONS AND CONDITION	NS OF SUCH F	POLICIES. LII	AITS SH	HOWN MAY	/ HAVE	BEEN I	REDUCED BY PA	AID CLAIMS.	
COVERAGE INFORMATI	ION PERILS INSURED	BASIC	BROAD	SP	ECIAL					
	COVERAGE / PERILS / I	FORMS					AMOU	NT OF INSURANCE	DEDUCTIBLE	
PREMISE										
BUILDING BETTERMENTS & IMPROVEMENTS							208,700 1,000		1 '	
BUSINESS PERSONAL PROPERTY							· ·		1,000	
SPOILAGE DUE TO BREAKDOWN/CONTAMINATION/POWER OUT 15,000 1,000								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								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										
REMARKS (Including Sp	ecial Conditions)									
CANCELLATION										
	ABOVE DESCRIBED POLICIES BE C	ANCELLED E	BEFORE THE	EXPIR	ATION DA	TE TH	EREOF	NOTICE WILL	BE	
DELIVERED IN ACCORI	DANCE WITH THE POLICY PROVISI	ONS.								
ADDITIONAL INTEREST										
NAME AND ADDRESS	X ADDITION	ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE								
KII WING CHOCOLATES EDANICHISE INC				EE				\vdash		
KILWINS CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC										
· ·	LOTIONS INC									
1050 BAY VIEW RD		İ	AUTHORIZED R	EPRESEN	NTATIVE					
PETOSKEY, MI 49770				Aloc Logothotia						

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