



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/30/2017

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 Gracey Backer Inc 275 George Bush Blvd Delray Beach FL 33444		PHONE (A/C, No, Ext): (561) 276-6055	COMPANY Old Dominion Ins Co 4601 Touchton Road E Ste 3300 P O Box Jacksonville FL 32245-6100	
FAX (A/C, No): (561) 265-0034	E-MAIL ADDRESS: trish@gbifl.com			
CODE: 090178003	SUB CODE: 090178			
AGENCY CUSTOMER ID #: 00008855		LOAN NUMBER		POLICY NUMBER BPG41410
INSURED B A SWEETIE INC KILWIN'S OF DELRAY BEACH 402 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483		EFFECTIVE DATE 11/28/2018	EXPIRATION DATE 11/28/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 402 East Atlantic Avenue, Delray Beach, FL 33483
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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
Improvements & Betterments - Agreed Aount	185,000	500
Business Personal Property	205,000	500
Business Income - Actual loss sustained	12 months	72 hours
Special Form, Replacement Cost, Wind Excluded		
Spoilage	10,000	250
30-Day notice of cancellation		

REMARKS (Including Special Conditions)

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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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Trish Warren/TW 		