

DATE (MM/DD/YYYY)

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| ACORD  |  | EVIDENCE OF   | PROPERTY INS   | SURANCE                                  |                                   | 10/30/2020                     |  |
|--|--|---|--|--|-----------------------------------|--------------------------------|--|
| ADDITIONAL INTEREST<br>COVERAGE AFFORDED   | NAMED BE<br>O BY THE PO<br>UTHORIZED   | LOW. THIS EVIDENCE DOES<br>DLICIES BELOW. THIS EVIDE  | TTER OF INFORMATION ONLY<br>NOT AFFIRMATIVELY OR NEG<br>NCE OF INSURANCE DOES NO<br>DUCER, AND THE ADDITIONA   | ATIVELY AMEND, EXT<br>DT CONSTITUTE A CO | END OR ALTER                      | THE                            |  |
| AGENCY   | PHONE<br>(A/C, No, E)  | <b>(</b> 561)276-6055   | COMPANY  |  |                                   |                                |  |
| Gracey-Backer Inc.   |  |   | Mainstreet A   | Mainstreet America Protection Ins Co     |                                   |                                |  |
| 275 George Bush Boulevard  |  |   | 4601 Touchton  | 4601 Touchton Road E Ste 3400            |                                   |                                |  |
| Delray Beach FL 33444  |  |   | Jacksonville   | Jacksonville FL 32246-6000               |                                   |                                |  |
| FAX<br>(A/C, No): (561)265-0034  | E-MAIL<br>ADDRESS:   | trish@gbifl.com   |  |  |                                   |                                |  |
| CODE:  |  | SUB CODE:   |  |  |                                   |                                |  |
| AGENCY<br>CUSTOMER ID #: 00017392  | 2  |   |  |  |                                   |                                |  |
| INSURED JNE Candy Co LLC,  |  |   | LOAN NUMBER  |  | POLICY NUMBER<br>BPP5867Q         |                                |  |
|  |  |   | EFFECTIVE DATE   |  |                                   |                                |  |
| Kilwins Chocolates & Ice Cream<br>11117 Rockport Street  |  |   |  | -  | CONTI                             | NUED UNTIL<br>NATED IF CHECKED |  |
|  |  | 22026   | 11/18/2020<br>THIS REPLACES PRIOR E  | 11/18/202                                |                                   | NATED IF CHECKED               |  |
| Orlando  | FL .   | 32836   | This REPLACES FRICK  | VIDENCE DATED.                           |                                   |                                |  |
| PROPERTY INFORMATIC  | ON   |   |  |  |                                   |                                |  |
| LOCATION/DESCRIPTION   |  |   |  |  |                                   |                                |  |
| Loc# 00001<br>3625 SW 32nd Ct<br>Suite 40  |  |   |  |  |                                   |                                |  |
| Gainesville, FL 3  | 32608  |   |  |  |                                   |                                |  |
|  |  |   |  |  |                                   |                                |  |
| NOTWITHSTANDING ANY<br>EVIDENCE OF PROPERTY  | REQUIREM   | ENT, TERM OR CONDITION OF<br>E MAY BE ISSUED OR MAY PE  | TO THE INSURED NAMED ABO<br>ANY CONTRACT OR OTHER D<br>RTAIN, THE INSURANCE AFFO<br>SUCH POLICIES. LIMITS SHOW | OCUMENT WITH RESP<br>RDED BY THE POLICIE | PECT TO WHICH T<br>ES DESCRIBED H | THIS<br>IEREIN IS              |  |
| SUBJECT TO ALL THE TER   |  |   |  |  |                                   |                                |  |
| COVERAGE INFORMATIO  | ON   |   |  |  |                                   |                                |  |
|  | ON   | COVERAGE / PERILS / FORMS   | 3  | АМ                                       | OUNT OF INSURANCE                 | DEDUCTIBLE                     |  |
| COVERAGE INFORMATIO  |  | coverage/perils/forms<br>ments - Replacement  |  | АМ                                       | OUNT OF INSURANCE                 |                                |  |
| COVERAGE INFORMATIO<br>Bus Pers Prop inc   | l Better   |   | Cost   | AM                                       |                                   | 0 1,000                        |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2%  | l Better<br>/ Extra  | ments - Replacement<br>Expense, Actual Loss   | Cost   | AM                                       | 390,00<br>12 Month                | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATIO<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% Spoilage  | l Better<br>/ Extra<br>Wind & H  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible   | Cost   | AM                                       | 390,00                            | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2%  | l Better<br>/ Extra<br>Wind & H  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible   | Cost   | AM                                       | 390,00<br>12 Month                | 0 1,000<br>s 72 Hours          |  |
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| COVERAGE INFORMATIO<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% Spoilage  | l Better<br>/ Extra<br>Wind & H<br>Cancella  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion   | Cost   | AM                                       | 390,00<br>12 Month                | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% of<br>Spoilage<br>30-Day Notice of 0   | l Better<br>/ Extra<br>Wind & H<br>Cancella  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion   | Cost   | AM                                       | 390,00<br>12 Month                | 0 1,000<br>s 72 Hours          |  |
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| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% T<br>Spoilage<br>30-Day Notice of C<br>REMARKS (Including Sp   | l Better<br>/ Extra<br>Wind & H<br>Cancella  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion   | Cost   | AM                                       | 390,00<br>12 Month                | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% T<br>Spoilage<br>30-Day Notice of C<br>REMARKS (Including Sp<br>CANCELLATION<br>SHOULD ANY OF THE A  | 1 Better<br>/ Extra<br>Wind & H<br>Cancella<br>Decial Condi  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion   | Cost   |  | 390,00<br>12 Month<br>10,00       | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% M<br>Spoilage<br>30-Day Notice of O<br>REMARKS (Including Sp<br>CANCELLATION<br>SHOULD ANY OF THE A<br>DELIVERED IN ACCORD   | 1 Better<br>/ Extra<br>Wind & H<br>Cancella<br>Decial Condi  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion<br>tions)   | Cost<br>Sustained  |  | 390,00<br>12 Month<br>10,00       | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% T<br>Spoilage<br>30-Day Notice of C<br>REMARKS (Including Sp<br>CANCELLATION<br>SHOULD ANY OF THE A  | 1 Better<br>/ Extra<br>Wind & H<br>Cancella<br>Decial Condi  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion<br>tions)   | Cost<br>Sustained  | ON DATE THEREOF, N                       | 390,00<br>12 Month<br>10,00       | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATION<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% M<br>Spoilage<br>30-Day Notice of C<br>REMARKS (Including Sp<br>CANCELLATION<br>SHOULD ANY OF THE A<br>DELIVERED IN ACCORD<br>ADDITIONAL INTEREST  | 1 Better<br>/ Extra<br>Wind & H<br>Cancella<br>Decial Condi  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion<br>tions)   | Cost<br>Sustained  |  | 390,00<br>12 Month<br>10,00       | 0 1,000<br>s 72 Hours          |  |
| COVERAGE INFORMATIO<br>Bus Pers Prop inc.<br>Business Income w<br>Special Form, 2% M<br>Spoilage<br>30-Day Notice of 0<br>REMARKS (Including Sp<br>CANCELLATION<br>SHOULD ANY OF THE A<br>DELIVERED IN ACCORD<br>ADDITIONAL INTEREST<br>NAME AND ADDRESS<br>KILWINS CHOCO  | 1 Better:<br>/ Extra<br>Wind & H<br>Cancella<br>ecial Condi<br>becial Condi  | ments - Replacement<br>Expense, Actual Loss<br>ail Deductible<br>tion<br>tions)<br>CRIBED POLICIES BE CANCE<br>I THE POLICY PROVISIONS. | Cost<br>Sustained  | ON DATE THEREOF, N                       | 390,00<br>12 Month<br>10,00       | 0 1,000<br>s 72 Hours          |  |
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