

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 9/3/2020

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF				57572020		
ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF I	IRMATIVELY OR NEGAT	IVELY AMEND, EXT CONSTITUTE A COI	END OR ALTER THE			
		NTEREST.				
AGENCY PHONE (518)793-3131 (A/C, No, Ext): (518)793-3131	COMPANY					
Hughes Insurance Agency, Inc.	Tri-State Ins Co of Minnesota					
328 Bay Road	One Acadia Commons					
PO BOX 4630	P.O. Box 9010					
Queensbury NY 12804	Westbrook ME 04098					
FAX (518)793-3121 E-MAIL ADDRESS:						
CODE: 8801 SUB CODE:						
AGENCY CUSTOMER ID #: 00016266						
INSURED				POLICY NUMBER		
THE SARATOGA SWEET TOOTH, LLC	ADV5362712-12					
420 BROADWAY	EFFECTIVE DATE	EXPIRATION DATE				
	8/1/2020	8/1/2021		D IF CHECKED		
SARATOGA SPRINGS NY 12866-2250	THIS REPLACES PRIOR EVID	ENCE DATED:				
PROPERTY INFORMATION						
LOCATION/DESCRIPTION						
-	0002 / Bldg#0001	L				
	nada Street					
	eorge, NY 12845					
Saratoga Springs, NY 12866						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE						
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY COL						
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, T SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PO						
COVERAGE / PERILS / FORMS			OUNT OF INSURANCE	DEDUCTIBLE		
loc #1 Business Personal Property, Replacement Cost, Special Form			434,479	1,000		
loc #1 Improv & Betterments, Replacement Cost, Special form			25,000	1,000		
loc #1 Business Income - Actual Loss Sustained - 12 months						
loc #1 Spoilage			10,000	1,000		
loc #2 Business Personal Property, Replacement Cost, Special form			108,160	1,000		
loc #2 Improv & Betterments, Replacement Cost, Special form			25,000	1,000		
loc #2 Business Income - Actual Loss Sustained - 12 months						
loc #2 Spoilage			10,000	1,000		
REMARKS (Including Special Conditions)						
30 Day Notice of Cancellation Applies						
CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE	FORE THE EXPIRATION	DATE THEREOF, N	OTICE WILL BE			
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
ADDITIONAL INTEREST						
NAME AND ADDRESS	MORTGAGEE	X ADDITIONAL INSUR	ED			
	LOSS PAYEE					
KILWINS CHOCOLATES FRANCHISE INC& KILWINS	LOAN #					
QUALITY CONFECTIONS INC 1050 BAY VIEW ROAD						
PETOSKEY, MI 49770	AUTHORIZED REPRESENTATIVE Linda Abodeely/CHELSE Junda M. Gondely CRCM.					
LEIONEL, ML 19//V						
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