



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/02/2018

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 John J. Clarke Insurance Inc Citizens Bank Building 1226 Main St, Ste 1 West Warwick RI 02893	PHONE (A/C, No, Ext): (401)821-7330	COMPANY Ohio Mutual Insurance Company P.O. BOX 111 Bucyrus OH 44820-0111
FAX (A/C, No): (401)821-7332	E-MAIL ADDRESS: stan@JJCinsurance.com	
CODE: AGENCY CUSTOMER ID #: 00004483	SUB CODE:	
INSURED The Sailor's Sweet Tooth, Inc, DBA: Kilwins 420 Broadway Saratoga Springs NY 12866	LOAN NUMBER	POLICY NUMBER BP0034677
	EFFECTIVE DATE 6/20/2017	EXPIRATION DATE 6/20/2018
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loc# 00001/Bldg# 00001  
262 Thames Street  
Newport, RI 02840

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
Business Personal Property, Special Form, Replacement Cost	390,000	1,000
Building Improvements & Betterments is included in BPP total		
Food Spoilage	25,000	
BI/EE - ALS	12 months	24

### 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

Kilwins Chocolates Franchise, Inc. Kilwin's Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE Keri Cordeiro/KAC 		

## Additional Named Insureds

Other Named Insureds

Kilwins

Doing Business As

## ADDITIONAL COVERAGES

Ref #	Description MNSON	Coverage Code MNSON	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description MNSOF	Coverage Code MNSOF	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Outside Signs	Coverage Code OUTSI	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount 250	Deductible Type	Premium
Ref #	Description Acct Rec On Prem	Coverage Code ACCON	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Acct Rec Off Prem	Coverage Code ACCOF	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Pollution Short term	Coverage Code POLST	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Outdoor Property	Coverage Code OUTPR	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount 500	Deductible Type Per	Premium
Ref #	Description Debris removal	Coverage Code DEBRL	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description INCL OVERHEAD LINES	Coverage Code OVIN	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description BI from dependent props	Coverage Code BIDP	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium