



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/15/2022

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 MICHAEL R KUHN AGENT 908 W FRONT ST TRAVERSE CITY MI 49684		PHONE (A/C, No, Ext): 231-941-8040 COMPANY State Farm Fire and Casualty Company NAIC # 25143	
FAX (A/C, No): 231-941-0726 E-MAIL ADDRESS: gina.janes.ht5y@statefarm.com		LOAN NUMBER POLICY NUMBER 92-EN-J681-0	
CODE: 22-7191 SUB CODE:		EFFECTIVE DATE 03/22/2022	
AGENCY CUSTOMER ID #:		EXPIRATION DATE 03/22/2023	
INSURED BRIMAR 1 INC DBA KILWINS OF TRAVERSE CITY 129 E FRONT ST TRAVERSE CITY MI 49684		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 129 E Front St
 Traverse City MI 49684
 Storefront

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

PERILS INSURED BASIC BROAD SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BUSINESS PERSONAL PROPERTY	641,400	5,000
EQUIPMENT BREAKDOWN	INCLUDED	1,000
BUSINESS INCOME & EXTRA EXPENSE	ACTUAL LOSS	NA
SPOILAGE	15,000	500
REPLACEMENT COST	INCLUDED	

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 KILWINS CHOCOLATES FRANCHISE INC & KILWINS QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY MI 49770	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE
	LOAN # AUTHORIZED REPRESENTATIVE 	