



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/22/2017

THIS EVIDENCE OF COMMERCIAL 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.

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|---|---|---|--|
| PRODUCER NAME, CONTACT PERSON AND ADDRESS Hylant - Southeast Michigan 24 Frank Lloyd Wright Dr, Ste J4100 Ann Arbor, MI 48105 | PHONE (A/C, No, Ext): (734) 741-0044 | COMPANY NAME AND ADDRESS Travelers Casualty Ins Co Amer One Tower Square Hartford, CT 06183 | NAIC NO: 19046 |
| Contact name: | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | |
| FAX (A/C, No): (734) 741-1850 | E-MAIL ADDRESS: annarbor@hylant.com | | |
| CODE: 0XW038 | SUB CODE: | POLICY TYPE Business Owners Policy | |
| AGENCY CUSTOMER ID #: KILWCHO-01 | LOAN NUMBER | | POLICY NUMBER 6801H447146 |
| NAMED INSURED AND ADDRESS Kilwins Chocolate Shoppe 107 E Liberty #109 Ann Arbor, MI 48104 | EFFECTIVE DATE 05/22/2017 | EXPIRATION DATE 05/22/2018 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| ADDITIONAL NAMED INSURED(S) | THIS REPLACES PRIOR EVIDENCE DATED: | | |

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
Loc # 1, Bldg # 1, 107-109 E Liberty St, Ann Arbor, MI 48104, 107-109 E Liberty St Ann Arbor Mi

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.

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|---|----------------|-------------------------------------|-------|--|
| COVERAGE INFORMATION | PERILS INSURED | BASIC | BROAD | SPECIAL |
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$390,000 includes tenants betterments & improve | | | | DED: 500 |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | YES | NO | N/A | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12 |
| BLANKET COVERAGE | | | | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE | | | | Attach Disclosure Notice / DEC |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | | | |
| IS DOMESTIC TERRORISM EXCLUDED? | | | | |
| LIMITED FUNGUS COVERAGE | | | | If YES, LIMIT: DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | | | |
| REPLACEMENT COST | | <input checked="" type="checkbox"/> | | |
| AGREED VALUE | | | | |
| COINSURANCE | | <input checked="" type="checkbox"/> | | If YES, 0% |
| EQUIPMENT BREAKDOWN (If Applicable) | | <input checked="" type="checkbox"/> | | If YES, LIMIT: DED: |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | | | | If YES, LIMIT: DED: |
| - Demolition Costs | | | | If YES, LIMIT: DED: |
| - Incr. Cost of Construction | | | | If YES, LIMIT: DED: |
| EARTH MOVEMENT (If Applicable) | | | | If YES, LIMIT: DED: |
| FLOOD (If Applicable) | | | | If YES, LIMIT: DED: |
| WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | | | | If YES, LIMIT: DED: |
| NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | | | | If YES, LIMIT: DED: |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | | | | |

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

| | | | |
|---|-----------------------|------------|--|
| CONTRACT OF SALE | LENDER'S LOSS PAYABLE | LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| MORTGAGEE | | | |
| NAME AND ADDRESS Kilwins Chocolates Franchise Inc & Kilwin's Quality Confections Inc 150 Bay View Road Petoskey, MI 49770 | | | AUTHORIZED REPRESENTATIVE <i>Mill M. Yelt</i> |

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|--|---------------------------|---|--|
| AGENCY Hylant - Southeast Michigan | | NAMED INSURED Kilwins Chocolate Shoppe 107 E Liberty #109 Ann Arbor, MI 48104 | |
| POLICY NUMBER 6801H447146 | | | |
| CARRIER Travelers Casualty Ins Co Amer | NAIC CODE 19046 | EFFECTIVE DATE: 05/22/2017 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

Includes Restaurant and Persishable Goods Premier Endorsement- MP T3 66 08 15- Food Contamination \$25,000

Remarks:

Restaurant and Perishable Goods Premiere Endorsement MP T3 66 08 15 (attached)

Spoilage Included per MP T3 66 08 15