

## **EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 5/29/2019

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

	HE COVERAGE AFFOR HE ISSUING INSURER(S					S E	VID	<b>ENCE OF INSURANCE</b>	<b>DOES NOT CONST</b>	ITUTE A CONTRACT BETWEEN	
PRODUCER NAME, PHONE F. (734) 741-0044								COMPANY NAME AND ADDR		NAIC NO: 19046	
CONTACT PERSON AND ADDRESS (A/C, No, Ext): (15-4) 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-								Travelers Casualty Ins Co Amer One Tower Square Hartford, CT 06183			
Cor	ntact name:										
FAX (AC, No): (734) 741-1850 E-MAIL ADDRESS: AnnArbor-office@hylant.com							IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH				
	E: 0XW038	ADDRESS.						POLICY TYPE			
CODE: UXWU38 SUB CODE:  AGENCY CUSTOMER ID #: KILWCHO-01								Business Owners Policy			
								LOAN NUMBER		POLICY NUMBER	
Kilwins Chocolate Shoppe 107 E Liberty #109 Ann Arbor, MI 48104										6801H447146	
								5/22/2019	5/22/2020	CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)								THIS REPLACES PRIOR EVII	DENCE DATED:		
PR	OPERTY INFORMATION	N (ACORD 101	may be attac	ched if n	nore	spa	ace	is required) X BUIL	DING OR X BUS	INESS PERSONAL PROPERTY	
Loc	ATION / DESCRIPTION # 1, Bldg # 1, 107-109 E										
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.											
СО	VERAGE INFORMATIO	<b>N</b> PEI	RILS INSURED	)	BAS	IC		BROAD X SPECIA	AL		
COI	MMERCIAL PROPERTY COV	ERAGE AMOUNT	OF INSURANC	E: \$3	90,0	000				DED: <b>500</b>	
				)	YES	ио І	N/A				
X BUSINESS INCOME RENTAL VALUE					X			If YES, LIMIT:	X	Actual Loss Sustained; # of months: 12	
BLA	NKET COVERAGE							If YES, indicate value(s) reported on property identified above: \$			
TEF	RRORISM 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					Х						
AGREED VALUE											
COINSURANCE						Х		If YES, 0 %			
EQUIPMENT BREAKDOWN (If Applicable)					Х			If YES, LIMIT:		DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				f bldg				If YES, LIMIT:		DED:	
	- Demoliti	ion 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 YES NO Subject to Different Provisions:				sions:				If YES, LIMIT:		DED:	
NAMED STORM INCL YES NO Subject to Different Provisions:				sions:				If YES, LIMIT:		DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS											
CA	NCELLATION										
	HOULD ANY OF THE					CAN	NCE	LLED BEFORE THE	EXPIRATION DATE	THEREOF, NOTICE WILL BE	
AD	DITIONAL INTEREST										
	CONTRACT OF SALE MORTGAGEE	LENDER'S LOSS PA	AYABLE	LOSS	S PAYEE LE			LENDER SERVICING AGENT	NAME AND ADDRESS		
NAM	IE AND ADDRESS	1									
Kilwins Chocolates Franchise Inc & Kilwin's Quality						,					
Confections Inc 150 Bay View Road Petoskey, MI 49770							AUTHORIZED REPRESENTATIVE MILL M. ILX				

ACORD 28 (2016/03)

LOC #:



## ADDITIONAL REMARKS SCHEDULE

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e Shoppe

AGENCY		NAMED INSURED							
Hylant - Southeast Michigan		NAMED INSURED Kilwins Chocolate Shoppe 107 E Liberty #109 Ann Arbor, MI 48104							
POLICY NUMBER		Ann Arbor, MI 48104							
6801H447146									
	NAIC CODE 19046	EFFECTIVE DATE: 0.7/20/20/20							
	13040	EFFECTIVE DATE: 05/22/2019							
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 Contaminiation \$25,000									
Remarks: Restaurant and Perishable Goods Premiere Endorsement MP T3 66 08 15 (attached)									
Spoilage Included per MP T3 66 08 15									