

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 5/7/2020

**KYOUKER** 

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<br>Carr Insurance Agency, Inc.<br>255 N Main St.<br>Centerville, OH 45459        |                          | <sub>xt):</sub> (937) 435-9000      | COMPANY<br>Erie Insurance Exchar<br>100 Erie Insurance Pla<br>Erie, PA 16530 |                                       |   |  |  |  |  |
|---|--------------------------|-------------------------------------|--|---------------------------------------|---|--|--|--|--|
| FAX (A/C, No): (937) 435-5939   | -MAIL<br>DDRESS: IN      | surance@carragency.com              |  |                                       |   |  |  |  |  |
| CODE: GG4017  |                          | SUB CODE:                           |  |                                       |   |  |  |  |  |
| AGENCY<br>CUSTOMER ID #: KILWCHO-01   |                          |                                     |  |                                       |   |  |  |  |  |
| INSURED Mahlerwein Enterprise LLC dba Kilwins<br>4391 Holly Ln<br>Beavercreek, OH 45440 |                          |                                     | LOAN NUMBER  | LOAN NUMBER POLICY NUMBER Q97-0972846 |   |  |  |  |  |
| Deavercreek, O  | n 45440                  |                                     | EFFECTIVE DATE 5/1/2020  | EXPIRATION DATE<br>5/1/2021           | X | CONTINUED UNTIL<br>TERMINATED IF CHECKED |  |  |  |
|   | THIS REPLACES PRIOR EVID | THIS REPLACES PRIOR EVIDENCE DATED: |  |                                       |   |  |  |  |  |

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc # 1, Bldg # 1, 4391 Holly Ln, Beavercreek, OH 45440-3290

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 | 5 / FC | ORMS  |       |         |  | AMOUNT OF INSURANCE               | DEDUCTIBLE |
| Medical expense (per person) Limit<br>Loc # 1, Bldg # 1<br>Building<br>Personal Property |                   |        |       |       |         |  | \$5,000<br>\$185,000<br>\$215,000 | 500<br>500 |
|  |                   |        |       |       |         |  |                                   |            |

## **REMARKS (Including Special Conditions)**

Special Conditions: Income Protection & Extra Expense-ALS 12 Months 30 Day Notice of Cancellation GU128 Wind/Hail Coverage Replacement Cost Spoilage Coverage up to \$25,000

## CANCELLATION

| SHOULD AN   | Y OF  | THE   | ABOVE    | DESCRIBED    | POLICIES  | BE  | CANCELLED | BEFORE | THE | EXPIRATION | DATE | THEREOF, | NOTICE | WILL | BE |
|-------------|-------|-------|----------|--------------|-----------|-----|-----------|--------|-----|------------|------|----------|--------|------|----|
| DELIVERED I | N ACC | ORDAI | ICE WITH | I THE POLICY | PROVISION | IS. |           |        |     |            |      |          |        |      |    |
|             |       |       |          |              |           |     |           |        |     |            |      |          |        |      |    |

| ADDITIONAL INTEREST  |   |                    |  |                       |  |            |  |  |  |  |
|--|---|--------------------|--|-----------------------|--|------------|--|--|--|--|
| NAME AND ADDRESS   |   | ADDITIONAL INSURED |  | LENDER'S LOSS PAYABLE |  | LOSS PAYEE |  |  |  |  |
|  |   | MORTGAGEE          |  |                       |  |            |  |  |  |  |
| Kilwins Chocolates Franchise Inc.<br>Kilwin's Quality Confections Inc. | LOAN #                                    |                    |  |                       |  |            |  |  |  |  |
| 1050 Bay View Road<br>Petoskey, MI 49770                               | AUTHORIZED REPRESENTATIVE<br>Kully Youker |                    |  |                       |  |            |  |  |  |  |

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