



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/22/2018

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 LRA Insurance 498 S Lake Destiny Dr Orlando FL 32810		PHONE (A/C. No. Ext): (407)838-3445	COMPANY West American Ins Co P. O. Box 94-5010 Orl #090552-Brev-091136 Maitland FL 32794-5010	
FAX (A/C. No): (407)838-3460	E-MAIL ADDRESS: info@lrainsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00007549		LOAN NUMBER		POLICY NUMBER BZW58614509
INSURED Red Dot Chocolates, Inc., DBA: Kilwins 671 Front Street Suite 140 Celebration FL 34747		EFFECTIVE DATE 6/24/2018	EXPIRATION DATE 6/24/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION Loc# 00001/Bldg# 00001 671 FRONT ST STE 140 KISSIMMEE, FL 34747

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
Personal Property, Replacement Cost, Special form	390,000	1,000
MECHB, Special form	0	250
BIEI, Special form	66,500	250
Min Underlying Prem Charge, Special form	0	
HRDBD, Special form	0	250
Terrorism, Special form	19,000	250
Min Underlying Prem Charge, Special form	0	
Min Underlying Prem Charge, Special form	0	
BI w/ Extra Expense, Special form		


REMARKS (Including Special Conditions)

Wind/Hail Deductible 2%

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 Chocolate Franchise Inc & Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey, MI 49770	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE J Lumbra, Jr./JLARSO 		

Additional Named Insureds

Other Named Insureds

KILWINS

Doing Business As

ADDITIONAL COVERAGES

Ref #	Description Valuable Papers	Coverage Code PAPER	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Sign	Coverage Code SIGN	Form No.	Edition Date	
Limit 1 7,500	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Accounts Receivable	Coverage Code ACCTS	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Water backup of sewers & drains	Coverage Code SEWER	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Monies and Securities On Premises	Coverage Code MNSON	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Monies and Securities Off Premises	Coverage Code MNSOF	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description ARTS	Coverage Code ARTS	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Frgry/Altrtn Not Incl Cr,Debit,Chg Crd Frgry	Coverage Code FORGE	Form No.	Edition Date	
Limit 1 25,000	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
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	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