						OP ID: KN
ACORD [®] EVIDENCE OF COM	ME	R	CI/	AL PROPERT	Y INSURANCE	DATE (MM/DD/YYYY) 09/11/2019
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 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.						
PRODUCER NAME, CONTACT PERSON AND ADDRESS PHONE United Insurance				COMPANY NAME AND ADDRESS NAIC NO: 13986		
United Insurance PO Box 444, 1131 W. Superior Wayland, MI 49348 David J Smith				Frankenmuth Mutual Ins. One Mutual Avenue Frankenmuth, MI 48787-0001		
FAX (A/C, No): 269-792-3590 E-MAIL ADDRESS:				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH POLICY TYPE		
CODE: 0210796 SUB CODE:				Business Owners Policy		
NAMED INSURED AND ADDRESS Kilwins Of Charlevoix Kay Seelye 233 Bridge St Charlevoix, MI 49720			LOAN NUMBER POLICY NUMBER BOP6231539			
				EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL
				09/01/19	09/01/20	TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EV	IDENCE DATED:	
PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)						
LOCATION / DESCRIPTION 233 Bridge St Charlevoix, MI 49720						
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	BA	SIC		BROAD X SPEC	IAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$390,000			DED: 1,000			
YES NO N/A						
X BUSINESS INCOME C RENTAL VALUE X			If YES, LIMIT: X Actual Loss Sustained; # of months: 12			
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE				Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X				
IS DOMESTIC TERRORISM EXCLUDED?		X				
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT:	50,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X					
REPLACEMENT COST	X					
AGREED VALUE		x				
COINSURANCE	X			If YES, 100 %		
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT:	390,000	DED: 1,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			If YES, LIMIT:	,	DED:
- Demolition Costs	X	1		If YES, LIMIT:	[DED:
- Incr. Cost of Construction	X	1		If YES, LIMIT:		DED:
EARTH MOVEMENT (If Applicable)	+	1	X	If YES, LIMIT:		DED:
FLOOD (If Applicable)			X	If YES, LIMIT:	[DED:
WIND / HAIL INCL YES NO Subject to Different Provisions:			X	If YES, LIMIT:	[DED:
NAMED STORM INCL YES NO Subject to Different Provisions:			X	If YES, LIMIT:	[DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X					
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						
MORTGAGEE CONTRACT OF SALE X LENDERS LOSS PAYABLE X ADDITIONAL INSURED				LENDER SERVICING AGENT NAME AND ADDRESS		
NAME AND ADDRESS						
KILWINS CHOCOLATES FRANCHISE & KILWIN'S QUALITY CONFECTIONS 1050 BAY VIEW ROAD PETOSKEY, MI 49770						
				AUTHORIZED REPRESENTATIVE David J Smith		

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-30 DAY NOTICE OF CANCELLATION WILL BE PROVIDED. -BETTERMENTS/IMPROVEMENTS ARE INCLUDED IN THE BPP LIMIT.