



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
**09/03/2020**

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 <b>United Insurance</b> PO Box 444, 1131 W. Superior Wayland, MI 49348 David J Smith		PHONE (A/C, No, Ext): <b>269-792-6730</b>	COMPANY NAME AND ADDRESS <b>Frankenmuth Mutual Ins.</b> One Mutual Avenue Frankenmuth, MI 48787-0001	NAIC NO: <b>13986</b>
FAX (A/C, No): <b>269-792-3590</b>	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: <b>0210796</b>	SUB CODE:	POLICY TYPE <b>Business Owners Policy</b>		
AGENCY CUSTOMER ID #: <b>KILWI-1</b>	NAMED INSURED AND ADDRESS <b>Kilwins Of Charlevoix</b> <b>Kay Seelye</b> <b>233 Bridge St</b> <b>Charlevoix, MI 49720</b>	LOAN NUMBER	POLICY NUMBER <b>BOP6231539</b>	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE <b>09/01/20</b>	EXPIRATION DATE <b>09/01/21</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
		THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)**     BUILDING OR  BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION <b>233 Bridge St</b> <b>Charlevoix, MI 49720</b>	CANDY, NUT, & CONFECTIONERY-COOKING ON PREMISE.
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

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	<b>\$ 390,000</b>	DED:	<b>1,000</b>
	YES NO N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>		If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: <b>12</b>
BLANKET COVERAGE	<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>		
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>		
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>		If YES, LIMIT: <b>50,000</b> DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>		
REPLACEMENT COST	<input checked="" type="checkbox"/>		
AGREED VALUE	<input checked="" type="checkbox"/>		
COINSURANCE	<input checked="" type="checkbox"/>		If YES, <b>100%</b>
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT: <b>390,000</b> DED: <b>1,000</b>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
- Demolition Costs	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO    Subject to Different Provisions:	<input checked="" type="checkbox"/>		If YES, LIMIT:    DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>		

**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 <input checked="" type="checkbox"/> LENDERS LOSS PAYABLE	CONTRACT OF SALE <input checked="" type="checkbox"/> ADDITIONAL INSURED	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS  <b>KILWINS CHOCOLATES FRANCHISE &amp; KILWIN'S QUALITY CONFECTIONS</b> <b>1050 BAY VIEW ROAD</b> <b>PETOSKEY, MI 49770</b>		AUTHORIZED REPRESENTATIVE  <b>David J Smith</b>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)**

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