



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/23/2022

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 United Insurance PO Box 444, 1131 W. Superior Wayland, MI 49348 David J Smith	PHONE (A/C, No, Ext): 269-792-6730	COMPANY NAME AND ADDRESS Frankenmuth Mutual Ins. One Mutual Avenue Frankenmuth, MI 48787-0001	NAIC NO: 13986
FAX (A/C, No): 269-792-3590	E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: 0210796	SUB CODE:	POLICY TYPE Business Owners Policy	
AGENCY CUSTOMER ID #: KILWI-1	NAMED INSURED AND ADDRESS Timber-Maze Investments Inc 233 Bridge St Charlevoix, MI 49720	LOAN NUMBER	POLICY NUMBER 6699580
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE 09/01/2022		EXPIRATION DATE 09/01/2023
			<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 233 Bridge St Charlevoix, MI 49720	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: \$ 390,000	DED: 1,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A
BLANKET COVERAGE	<input checked="" type="checkbox"/> If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
TERRORISM COVERAGE	<input checked="" type="checkbox"/> If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/> Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> If YES, LIMIT: 50,000 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, 100%
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: 390,000 DED: 1,000
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	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> ADDITIONAL INSURED	
NAME AND ADDRESS KILWINS CHOCOLATES FRANCHISE & KILWIN'S QUALITY CONFECTIONS 1050 BAY VIEW ROAD PETOSKEY, MI 49770		AUTHORIZED REPRESENTATIVE David J Smith

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.**