



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/01/2018

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>StateFarm</b> Greg Leffler, Agent 503 Faulconer Dr Ste 1A Charlottesville VA 22903		PHONE (A/C. No. Ext): 434 296 1010		COMPANY NAME AND ADDRESS State Farm Fire and Casualty Company		NAIC NO: 25143
FAX (A/C. No): 434 977 4222		E-MAIL ADDRESS: denice@gregleffler.us		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:		SUB CODE:		POLICY TYPE Business Insurance		
AGENCY CUSTOMER ID #:		NAMED INSURED AND ADDRESS Knightpro Enterprises, Inc DBA Kilwins 5560 Florida Palm Ave Cocoa FL 329272020		LOAN NUMBER		POLICY NUMBER 96-CG-V150-0
ADDITIONAL NAMED INSURED(S) Kilwins Chocolates Franchise, Inc		EFFECTIVE DATE 10/15/2017		EXPIRATION DATE 10/15/2018		<input checked="" 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

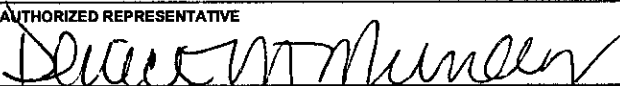
LOCATION / DESCRIPTION 313 E Main St Charlottesville VA 229025233
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE 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.

<b>COVERAGE INFORMATION</b>		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 390,000						DED: \$2,500
	YES	NO	N/A			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT:		Actual Loss Sustained; # of months: 12
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE				Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE				If YES, LIMIT:		DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST						
AGREED VALUE						
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT:		DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT:		DED:
- Demolition Costs				If YES, LIMIT:		DED:
- Incr. Cost of Construction				If YES, LIMIT:		DED:
EARTH MOVEMENT (If Applicable)				If YES, LIMIT:		DED:
FLOOD (If Applicable)				If YES, LIMIT:		DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT:		DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				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 LENDERS LOSS PAYABLE <input checked="" type="checkbox"/>	CONTRACT OF SALE Additional Insured	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Kilwins Chocolates Franchise, Inc. Kilwins Quality Confections Inc. 1050 Bay View Road Petoskey MI 49970		AUTHORIZED REPRESENTATIVE 

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

Spoilage coverage Off Premises	\$15,000
Food Contamination per occurrence	\$10,000
Building Improvements and betterments	\$175,000
Business personal property	\$215,000
30 Day Notice of Cancellation	Yes