



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)
12/01/2017

THIS EVIDENCE OF FLOOD 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 Everett Financial Group LLC DBA Great Florida 8979 Park Blvd | CONTACT NAME: PHONE: FAX: E-MAIL: FAX NO. EXT: ADDRESS: PRODUCER CUSTOMER ID #: | (727) 437-3200 (727) 201-6960 |
| Named Insured and Address Seminole FL 33777 | INSURER(S) AFFORDING COVERAGE | NAIC # |
| JLS-1 LLC DBA KILWIN'S CHOCOLATES 160 Boardwalk Place E Madelia Beach, FL 33708 | INSURER A: Federated National Insurance Company | |
| | INSURER B: | |
| | INSURER C: | |
| | EVIDENCE NUMBER: | |
| | REVISION NUMBER: | PAGE COUNT: |

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION
160 Boardwalk Place E
Madelia Beach, FL 33708

THIS REPLACES PRIOR EVIDENCE DATED:

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 / RISK INFORMATION

| DATE OF CONSTRUCTION | CURRENT FLOOD ZONE | RATE FLOOD ZONE | GRANDFATHERED? | BUILDING OCCUPANCY TYPE | CONSENTS COVERAGE TYPE | |
|---|--------------------|-----------------|---------------------------|--|---|--|
| 01/01/2007 | AE | AE | N Y/N | SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL | RESIDENTIAL NON-RESIDENTIAL | |
| REPLACEMENT COST CONDOMINIUM COVERAGE IS FOR (Check One): UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING <input type="checkbox"/> | | | | | | |
| PRIMARY POLICY POLICY NUMBER: 87060210452017 EFFECTIVE DATE: 12/29/2017 EXPIRATION DATE: 12/29/2018 | | | | | | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | FORMS / POLICY TYPE | INDICATES EXCESS POLICY IS A FOLLOWING FORM POLICY TYPE |
| A | BUILDING | \$5,000 | \$185,000 | NFP / WYO | <input checked="" type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> GENERAL PROPERTY FORM POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP) |
| | CONTENTS | \$5,000 | \$205,000 | PRIVATE / ALT. MARKET | <input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> GENERAL PROPERTY FORM POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP) |
| EXCESS POLICY 1 POLICY NUMBER: EFFECTIVE DATE: EXPIRATION DATE: | | | | | | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | FORMS / POLICY TYPE | INDICATES EXCESS POLICY IS A FOLLOWING FORM POLICY TYPE |
| | BUILDING | | | NFP / WYO | <input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> GENERAL PROPERTY FORM POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP) |
| | CONTENTS | | | PRIVATE / ALT. MARKET | <input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> GENERAL PROPERTY FORM POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP) |
| EXCESS POLICY 2 POLICY NUMBER: EFFECTIVE DATE: EXPIRATION DATE: | | | | | | |
| INS LTR | COVERAGE | DEDUCTIBLE | TOTAL AMOUNT OF INSURANCE | MARKET | FORMS / POLICY TYPE | INDICATES EXCESS POLICY IS A FOLLOWING FORM POLICY TYPE |
| | BUILDING | | | NFP / WYO | <input type="checkbox"/> DWELLING FORM POLICY <input type="checkbox"/> GENERAL PROPERTY FORM POLICY | MORTGAGE PORTFOLIO PROTECTION PROGRAM RESIDENTIAL CONDO BLDG ASSN. POLICY (RCBAP) |
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| EXCESS POLICY 2 POLICY NUMBER: EFFECTIVE DATE: EXPIRATION DATE: | | | | | | |

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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

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|---|---|
| NAME AND ADDRESS Kilwins Chocolates Franchise, Inc Kilwin's Quality Confections, Inc. 1050 Bay View Road Potoskey, MI 49770 | LOAN NUMBER: MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED LOSS PAYEE <input type="checkbox"/> NAMED ON POLICY (Check all that apply) UNIT-OWNER'S MORTGAGEE <input checked="" type="checkbox"/> PRIMARY (Does not imply interest) EXCESS POLICY 1 EXCESS POLICY 2 |
| AUTHORIZED REPRESENTATIVE <i>[Signature]</i> | |