

# ACORD™ EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
10/09/2023

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY Schuberg Insurance Agency, Inc. 107 N. Michigan Avenue Big Rapids, MI 49307	PHONE (A/C, No, Ext): <b>(231) 796-5881</b> FAX (A/C, No): <b>(231) 796-5022</b> E-MAIL ADDRESS: <b>info@schubergagency.com</b>	COMPANY Home Owners Insurance Co P.O. Box 30660 Lansing, MI 48909
CODE: _____ SUB CODE: _____	AGENCY CUSTOMER ID #: <b>OLDPION-01</b>	
INSURED  <b>Old Pioneer Store &amp; Emporium</b> 118 N Michigan Big Rapids, MI 49307-1402	LOAN NUMBER _____ POLICY NUMBER <b>9115516200</b>	
	EFFECTIVE DATE <b>10/11/2023</b>	EXPIRATION DATE <b>10/11/2024</b>
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED: _____		

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION  
 Loc # 1, Bldg # 1, 118 N Michigan Ave, Big Rapids, MI 49307, Candy Or Confectionery Store

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
BI and PD occurrence Limit		
Aggregate Limit	<b>\$2,000,000</b>	
Medical expense (per person) Limit	<b>\$10,000</b>	
Products & completed operations Limit	<b>\$2,000,000</b>	
Auto - hired liability - Bodily injury Limit		
Auto - Non-owned Limit	<b>\$1,000,000</b>	
Crime - Employee dishonesty Limit	<b>\$15,000</b>	
Fungi/bacteria/mold Limit		
SEE ATTACHED ACORD 101		

**REMARKS (Including Special Conditions)**

Special Conditions:  
 Spoilage \$10,000.00 limit  
 Business Income & Extra Expense - actual loss sustained

**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**

NAME AND ADDRESS  <b>Kilwins Chocolates Franchise Inc</b> 355 N Division Rd Petoskey, MI 49770		MORTGAGEE	
		LOSS PAYEE	
	LOAN # _____		
AUTHORIZED REPRESENTATIVE _____			

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Schuberg Insurance Agency, Inc.</b>		NAMED INSURED <b>Old Pioneer Store &amp; Emporium 118 N Michigan Big Rapids, MI 49307-1402</b>	
POLICY NUMBER <b>9115516200</b>			
CARRIER <b>Home Owners Insurance Co</b>	NAIC CODE <b>26638</b>	EFFECTIVE DATE: <b>10/11/2023</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

**Coverage Information:**

Loc # 1, Bldg # 1  
 Building, Amount of Insurance: \$657,100, Deductible: 500  
 Building Ordinance or Law, Amount of Insurance: \$50,000, Deductible: 500  
 EDP/Computer Data/media, Amount of Insurance: \$25,000  
 Fine arts, Amount of Insurance: \$10,000, Deductible: 500  
 Forgery or alteration, Amount of Insurance: \$10,000, Deductible: 500  
 Accounts Receivable, Amount of Insurance: \$100,000, Deductible: 500  
 Money and Securities on Premises (Outside), Amount of Insurance: \$15,000, Deductible: 0  
 Money and Securities on Premises (Inside), Amount of Insurance: \$15,000, Deductible: 500  
 Outdoor property, Amount of Insurance: \$10,000, Deductible: 500  
 Valuable Papers, Amount of Insurance: \$50,000, Deductible: 500  
 Personal Property, Amount of Insurance: \$248,480, Deductible: 500  
 Sign, Amount of Insurance: \$5,000, Deductible: 500