



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/9/2020

THIS EVIDENCE OF 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.

| | | | |
|---|---|---|---|
| AGENCY Olivier-VanDyk Insurance Agency 2780 44th Street SW | PHONE (A/C. No. Ext): 616-454-0800 | COMPANY The Hartford PO Box 2999 Hartford, CT 06104-2999 | |
| FAX (A/C. No): 616-454-7100 | E-MAIL ADDRESS: certificates@ovdinsurance.com | | |
| CODE: | SUB CODE: | | |
| AGENCY CUSTOMER ID #: | | | |
| INSURED Sunshine Sweets, LLC 20 Congress St Portsmouth, NH 03801 | LOAN NUMBER | POLICY NUMBER 81SBAIK5238 | |
| | EFFECTIVE DATE 01/12/2020 | EXPIRATION DATE 01/12/2021 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | |

PROPERTY INFORMATION

| |
|--|
| LOCATION/DESCRIPTION 20 Congress St, Portsmouth, NH 03801 |
|--|

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 | | | | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|----------------|-------|-----------|---------|---------------------|------------|
| | BASIC | BROAD | X SPECIAL | | | |
| COVERAGE / PERILS / FORMS | | | | | | |
| Business Personal Property | | | | 223,800 | 500 | |
| Tenants Improvements & Betterments | | | | 185,000 | 500 | |
| Spoilage | | | | 25,000 | | |
| Business Income & Extra Expense - 12 month actual loss sustained | | | | | | |
| Wind Included | | | | | | |

REMARKS (Including Special Conditions)

30 Day Notice of Cancellation

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

| | | | |
|---|--------------------|-----------------------|------------|
| NAME AND ADDRESS Kilwins Chocolates Franchise Inc. Kilwins Quality Confections Inc. 1050 Bay View Rd Petoskey, MI 49770 | ADDITIONAL INSURED | LENDER'S LOSS PAYABLE | LOSS PAYEE |
| | MORTGAGEE | | |
| LOAN # | | | |
| AUTHORIZED REPRESENTATIVE <i>Becky Hart</i> | | | |