| ACORD | |
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DATE (MM/DD/YYYY)

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| ACOND | EVIDENCE | JF PRO | PERI | Y IN | SU | KAL | NCE | | | | 1/12/2021 | |
|---|---|--|-------------------|-----------------------|---------|-------|-----------------|----------------------------|--------------|-----------------------|---------------------|--|
| 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 | PHONE (A/C, No, Ext): 616-454-0800 | | COMPANY | ard | | | | | | | | |
| Olivier-VanDyk Insurance / 2780 44th Street SW | livier-VanDyk Insurance Agency PO Box 2999 | | | | | | | | | | | |
| FAX 040 454 7400 | E-MAIL ADDRESS: certificates@ovdinsurance. | | - | | | | | | | | | |
| FAX (A/C, No): 616-454-7100 | | com | | | | | | | | | | |
| CODE: | SUB CODE: | | - | | | | | | | | | |
| AGENCY CUSTOMER ID #: | | | | | | | | | | | | |
| INSURED Sunshine Sweets, LLC | | | LOAN NUMB | SER . | | | | | POLICY NUME | | | |
| 20 Congress St | | | | | | | | | 81SBAIK5238 | | | |
| Portsmouth, NH 03801 | | | EFFEC | TIVE DAT | E | EXE | PIRATION | DATE | | ONTINUE | D UNTIL | |
| | | | | 01/12/2021 01/12/2022 | | | | | TE | TERMINATED IF CHECKED | | |
| | THIS REPLACES PRIOR EVIDENCE DATED: | | | | | | | | | | | |
| PROPERTY INFORMATI | ON | | I | | | | | | | | | |
| LOCATION/DESCRIPTION | | | | | | | | | | | | |
| 20 Congress St, Portsmou | · | | | | | | | | | | | |
| NOTWITHSTANDING ANY EVIDENCE OF PROPERT | ANCE LISTED BELOW HAVE BEEN I Y REQUIREMENT, TERM OR CONDIT Y INSURANCE MAY BE ISSUED OR I ERMS, EXCLUSIONS AND CONDITIO | TION OF ANY C MAY PERTAIN, | ONTRACT | OR OT RANCE | HER DO | DCUM | ENT W BY THE | ith re Polic | SPECT TO | WHIC RIBED | H THIS HEREIN IS | |
| COVERAGE INFORMAT | ION PERILS INSURED | BASIC | BROAD | Xs | SPECIAL | | | | | | | |
| | COVERAGE / PERILS / | FORMS | | | | | | AMOU | INT OF INSUR | ANCE | DEDUCTIBLE | |
| Business Personal Property Tenants Improvements & B Spoilage Business Income & Extra E Wind Included | | ed | | | | | | 233,90 185,00 25,000 | 00 | | 500 500 | |
| REMARKS (Including Sp | pecial Conditions) | | | | | | | | | | | |
| 30 Day Notice of Cancellati | on | | | | | | | | | | | |
| CANCELLATION | | | | | | | | | | | | |
| | ABOVE DESCRIBED POLICIES BE (DANCE WITH THE POLICY PROVIS | | EFORE TH | IE EXP | IRATIO | N DA1 | TE THE | REOF | , NOTICE V | VILL B | E | |
| ADDITIONAL INTEREST | | | | | | | | | | | | |
| NAME AND ADDRESS | | - | ADDITIO MORTGA | NAL INSU | JRED | LEN | DER'S LO | DSS PAY | ABLE | LO | SS PAYEE | |
| Kilwins Quali | olates Franchise Inc. ty Confections Inc. | | | | | _ | | | | | | |
| 1050 Bay Vie Petoskey, MI | ew Rd | AUTHORIZED REPRESENTATIVE BeckyHart | | | | | | | | | | |
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