ACORD,	EVIDENCE OF PERSON	NAL PROPERTY	INSURANCE	DATE (MM/DD/YYYY) 09/13/2017	
	ICE THAT INSURANCE AS IDENTIFIEI IVILEGES AFFORDED UNDER THE POL		UED, IS IN FORCE, ANI	O CONVEYS ALL THE	
AGENCY	PHONE (A/C, No, Ext): (616) 454-0800	COMPANY			
Olivier-VanDyk Insurance Agency, Inc.	FAX (A/C, No): (616) 454-7100		Citizens Insurance Company 808 North Highlander Way		
2780 44th St SW	E-MAIL ADDRESS:	Howell, MI 48843	vvay		
Wyoming, MI 49519	7.557.250				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID #: TIJUEN					
INSURED		LOAN NUMBER	POLICY NUMBER		
			ODID369116		
Tiju Enterprises, LLC		EFFECTIVE DATE	EXPIRATION DATE		
3077 Mahogany Ct NE				CONTINUED UNTIL	
Grand Rapids, MI 49525		09/12/2017		X TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVII	DENCE DATED:		
PROPERTY INFORM	ATION				
LOCATION/DESCRIPTION					
146 Monroe Center, Ste	146, Grand Rapids, MI 49503				
COVERAGE INFORM	ATION				
	COVERAGE/PERILS/FORMS		AMOUNT OF	INSURANCE DEDUCTIBLE	
Business Personal Pro	pperty & Betterments/Improvements			\$390,000 5	
REMARKS (Including	y Special Conditions)				
Special Conditions:					
Spoilage - \$10,000 limit	_				
Replacement Cost Basis Agreed Value with Coins	surance Suspended				
Special Coverage Form					
30 Day Notice of Cancel		4.1I. =0.1			
Wind & Hail Coverage Ir	ne & Extra Expense - 12 month Actual Loss Sus	stained - 72 nours			
Tima a rian cororago n	1014404				
0411051145151					
CANCELLATION					
THE POLICY IS	SUBJECT TO THE PREMIUMS, FORM	MS, AND RULES IN EFFEC	T FOR EACH POLICY P	ERIOD. SHOULD THE	
POLICY BE TER	RMINATED, THE COMPANY WILL GIVE	THE ADDITIONAL INTERES	ST IDENTIFIED BELOW	30 DAYS	
	CE, AND WILL SEND NOTIFICATION				
	CCORDANCE WITH THE POLICY PROVIS			. =	
		CICITO CIT AO REQUIRED D	. L/\VV.		
NAME AND ADDRESS	:01				
NAME AND ADDRESS		MORTGAGEE	ADDITIONAL INSURED		
		LOSS PAYEE			
		LOAN#			
Kilwins	Chocolates Francise Inc.	AUTHORIZED REPRESENTAT	IVE		
Kilwins	Quality Confections Inc.				
	ay View Rd	Beckysthart			
Petosko	ev. MI 49770				