

EVIDENCE OF PROPERTY INSURANCE

DATE (MW/DD/YYYY)

09/12/2024

| ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES I COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE | NOT AFFIRMATIVELY OR CE OF INSURANCE DOES | NEGATIVELY AME | END, EXTEND O | R ALTER THE |
|---|---|---|---|---|
| ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUC | | LINIERESI. | | P-710 |
| AGENCY PHONE (A/C, No, Ext): - | Insurance Company TRAVELERS INSURANCE CO | | | |
| COMPLETE INSURANCE SERVICE INC 1755 N. BROWN RD. STE 200 LAWRENCEVILLE GA 30043 | | | | |
| FAX E-MAIL (A/C, No): ADDRESS: | | | | |
| | | | | |
| CODE: SUB CODE: | | | | |
| CUSTOMER ID #: • INSURED | LOAN NUMBER | | POLICY NUMBER | |
| GA CHOCOLATES AND ICE CREAM LLC PO BOX 1943 OAKWOOD GA 30566 | | BIP1X536105 EFFECTIVE DATE EXPIRATION DATE | | PARTIE PARTIE |
| | 09/20/2024 | 09/20/2025 CONTINUED UNTIL | | |
| | THIS REPLACES PRIOR EVII | DENCE DATED: | | |
| PROPERTY INFORMATION LOCATIONDESCRIPTION | | | | |
| 106 SPRING ST UNIT 120 GAINESVILLE GA 30501 | | | | |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PER SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUC | ANY CONTRACT OR OTI TAIN, THE INSURANCE AF | HER DOCUMENT W FORDED BY THE P | ITH RESPECT TO | WHICH THIS SED HEREIN IS |
| COVERAGE INFORMATION | | | | |
| COVERAGE / PERILS / FORMS Preimise; | | AMOI | UNT OF INSURANCE | DEDUCTIBLE |
| Building Betterments & Improvements Building and Betterment improvements coverage is included in the BPP coverage. Business Personal Property spoilage due to breakdown/contamination/ Replacement Cost Basis Agreed Value with Coinsurance | | | \$185,000 \$205,000 25,000 REPLACEMENT | 1000 1000 |
| 30 Day Notice of Cancellation Loss of Business Income & Extra Expense - Actual Loss Sustained | | | INCL 12 Months | 72 hou |
| | | | | |
| REMARKS (Including Special Conditions) | | | | |
| | | | | |
| CANCELLATION SHOULD ANY OF THE AROUS DESCRIPTION DOLLOWS DE CANCELLATION | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANC DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | ELLED BEFORE THE E | CPIRATION DATE | THEREOF, NOTIC | CE WILL BE |
| ADDITIONAL INTEREST | | | | *************************************** |
| NAME AND ADDRESS | MORTGAGEE LOSS PAYEE | ADDITIONAL INSURE | D | and the state of the second |
| Kilwins Chocolates Franchise Inc. | LOAN# | | | |
| & Kilwin's Quality Confections Inc. Petoskey, MI 49770 | AUTHORIZED REPRESENTATIVE JULY | | | |