



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/21/2023

						12/2	. 1/2023	
THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANC UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS E THE COVERAGE AFFORDED BY THE POLICIES BELOW. THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	VIDI THIS	ENC S EV	E D	DES NOT AFFIRMATIVELY NCE OF INSURANCE DOES	OR NEGATIVELS NOT CONSTIT	Y AMEND, EXTEND	OR ALTER	
PRODUCER NAME, (A/C, No, Ext): 561-391-9922				COMPANY NAME AND ADDRESS	COMPANY NAME AND ADDRESS NAIC NO: 41297			
CONTACT PERSON AND ADDRESS L(AIC, NO, EXT): HEC'NT INSUITANCE Agency, Inc. 6006 SW 18th Street, Suite B-3 Boca Raton, FL 33433 Hec'nt Insurance Agency Inc.				Scottsdale Insurance Company				
A/C, No): 561-391-9923 E-MAIL Dret@hechtagency.com				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH				
CODE: SUB CODE: AGENCY CUSTOMER ID #: SUGAR-1				POLICY TYPE Property				
NAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY NUMBER		
Sugar Madness, LLC Robert Kelly						CPS7873603		
809 E Las Ólas Blvd Ft Lauderdale, FL 33301				09/28/2023 EXF	09/28/2024	CONTINUED UN TERMINATED IF	ITIL	
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE		TERMINATED II	CHECKED	
PROPERTY INFORMATION (ACORD 101 may be attached if r				is required) DIM DIM	OD - DUO	INESS PERSONAL P	DODEDTY	
LOCATION / DESCRIPTION 109 E Las Olas Blvd Ft Lauderdale, FL 33301 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OBE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY F	TO OTHI	THE ER D	INS OCL	URED NAMED ABOVE FOR TH	E POLICY PERIO	D INDICATED. NOTWIT	HSTANDING RANCE MAY	
COVERAGE INFORMATION PERILS INSURED	BA:	SIC		BROAD X SPECIAL				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$				390,000		DED:	1,000	
<u> </u>	VES	NO	N/A	,			-,	
X BUSINESS INCOME RENTAL VALUE	X	110	IV/A	If YES, LIMIT:	50,000 A	ctual Loss Sustained; # o	f months:	
BLANKET COVERAGE		Х		If YES, indicate value(s) reported	I on property identif	ied above: \$		
TERRORISM COVERAGE		Х		Attach Disclosure Notice / DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?								
IS DOMESTIC TERRORISM EXCLUDED?								
LIMITED FUNGUS COVERAGE		Х		If YES, LIMIT:		DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Х						
REPLACEMENT COST	Х							
AGREED VALUE		Х						
COINSURANCE	Х			If YES, 80 %				
EQUIPMENT BREAKDOWN (If Applicable)		Х		If YES, LIMIT:		DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT:		DED:		
- Demolition Costs				If YES, LIMIT:		DED:		
- Incr. Cost of Construction				If YES, LIMIT:		DED:		
EARTH MOVEMENT (If Applicable)		Х		If YES, LIMIT:		DED:		
FLOOD (If Applicable)		Х		If YES, LIMIT:		DED:		
WIND / HAIL INCL YES X NO Subject to Different Provisions:		Х		If YES, LIMIT:		DED:		
NAMED STORM INCL YES X NO Subject to Different Provisions:		Х		If YES, LIMIT:		DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X							
CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES EDELIVERED IN ACCORDANCE WITH THE POLICY PROVISION		CAN	ICEL	LED BEFORE THE EXPIR	RATION DATE	THEREOF, NOTICE	WILL BE	
	<u> </u>							
ADDITIONAL INTEREST CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS PAYEE				I ENDED SERVICING AGENT NAME	AND ADDRESS			
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS MORTGAGEE	5 PAY	EE		LENDER SERVICING AGENT NAME	AND ADDKESS			
NAME AND ADDRESS								
Kilwins Chocolates Franchise Kilwins Quality Confections 1050 Bay View Road Petoskey, MI 49770				AUTHORIZED REPRESENTATIVE Hecht Insurance Agency Inc.				