

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/04/2024

THIS EVIDENCE OF COMMERCIAL 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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): 214-682-9562			COMPANY NAME AND ADDRESS NAIC NO:						
JG Insurance Services, LLC			AGCS						
1920 Mckinney Ave				5001 Spring Valley, Suite 100W					
Dallas, TX 75201			Dallas TX 75244						
FAX (A/C, No): E-MAIL ADDRESS: Jonathan@JGCapitalPartners.com				IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH					
CODE: SUB CODE:					POLICY TYPE				
AGENCY CUSTOMER ID #:				PROPERTY					
NAMED INSURED AND ADDRESS					LOAN NUMBER POLICY NUMBER				
Open Barrel Inc DBA Kilwins					d01808539			8539	
9945 Barker Cypress, Ste. 126					EFFECTIVE DATE	EXPIRATION DATE		CONTINUED UNTIL	
Cypress TX 77433					08/10/2023	08/10/2024		TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:					
PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) ■ BUILDING OR ■ BUSINESS PERSONAL PROPERTY									
LOCATION / DESCRIPTION 9955 Barker Cypress Suite 126									
Cypress		ΤX	7	7433	3				
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	BAS	SIC		BROAD X SPECIA				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 250,000					DED: \$1000				
		YES	NO	N/A					
■ BUSINESS INCOME ☐ RENTAL VALU	E		X		If YES, LIMIT:		Actual L	oss Sustained; # of months:	
BLANKET COVERAGE					If YES, indicate value(s) rep	orted on property iden	tified abov	/e: \$	
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X						
IS DOMESTIC TERRORISM EXCLUDED?			X						
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT:			DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X						
REPLACEMENT COST			X						
AGREED VALUE									
COINSURANCE					If YES, %				
EQUIPMENT BREAKDOWN (If Applicable)			X		If YES, LIMIT:			DED:	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg			X		If YES, LIMIT:			DED:	
- Demolition Costs					If YES, LIMIT:			DED:	
- Incr. Cost of Construction					If YES, LIMIT:			DED:	
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT:			DED:	
FLOOD (If Applicable)			X		If YES, LIMIT:			DED:	
WIND / HAIL (If Subject to Different Provisions)			X		If YES, LIMIT:			DED: 2%	
PERMISSION TO WAIVE SUBROGATION IN HOLDER PRIOR TO LOSS	FAVOR OF MORTGAGE								
CANCELLATION									
SHOULD ANY OF THE ABOVE D DELIVERED IN ACCORDANCE WITH			CAN	CEL	LED BEFORE THE EX	KPIRATION DATE	THERE	OF, NOTICE WILL BE	
ADDITIONAL INTEREST									
MORTGAGEE CONTRACT OF SALE				LENDER SERVICING AGENT N	AME AND ADDRESS				
LENDERS LOSS PAYABLE									
NAME AND ADDRESS									
Kilwins Chocolate Franchise, Inc.									
1050 Bay View Road									
Petoskey MI 49770			AUTHORIZED REPRESENTATIVE						
			Jonathan Gonzales						
l					Jonathan Jonzaica				

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMAR	RKS - Including Special Conditions (Use only if more space is required)