



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/07/2024

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 <b>StateFarm</b> Lee Wright Andy Blanton State Farm 14004 Us Hwy 19 S, Suite 103 Thomasville GA 31757		PHONE (A/C, No, Ext): 229-225-3276	COMPANY NAME AND ADDRESS State Farm Fire and Casualty Company	NAIC NO: 25143
FAX (A/C, No): 229-233-0406	E-MAIL ADDRESS: Lee@AgentBlanton.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:	POLICY TYPE Businessowners / Building Coverage /		
AGENCY CUSTOMER ID #:		LOAN NUMBER 07179019742-00001	POLICY NUMBER 91-KK-A876-4	
NAMED INSURED AND ADDRESS Thomasville Confectioners, LLC dba Kilwins 119 N Broad St Thomasville GA 31792		EFFECTIVE DATE 06/07/2024	EXPIRATION DATE 06/07/2025	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S) Ameris Bank ISAOA/ATIMA		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☐ BUILDING OR ☒ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION 119 N Broad St Thomasville GA 31792
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	<input checked="" type="checkbox"/> BASIC	<input checked="" type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 440,000					DED: \$1,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A				If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: \$50,000 DED: \$1,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE					
COINSURANCE		<input checked="" type="checkbox"/>			If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED: \$1,000
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)					If YES, LIMIT: DED:
FLOOD (If Applicable)					If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Additional Insured		
NAME AND ADDRESS Kilwins Chocolates Franchise, Inc & Kilwins Quality Confections, Inc 1050 Bay View Road Petoskey MI 49770			AUTHORIZED REPRESENTATIVE 

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<b>PRODUCER NAME, CONTACT PERSON AND ADDRESS</b> <b>StateFarm</b> Lee Wright Andy Blanton State Farm 14004 Us Hwy 19 S, Suite 103 Thomasville GA 31757		<b>PHONE (A/C, No., Ext):</b> 229-225-3276	<b>COMPANY NAME AND ADDRESS</b> State Farm Fire and Casualty Company	<b>NAIC NO:</b> 25143
<b>FAX (A/C, No.):</b> 229-233-0406		<b>E-MAIL ADDRESS:</b> Lee@AgentBlanton.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
<b>CODE:</b>		<b>SUB CODE:</b>		
<b>AGENCY CUSTOMER ID #:</b>		<b>POLICY TYPE</b> Businessowners / Building Coverage /		
<b>NAMED INSURED AND ADDRESS</b> Thomasville Confectioners, LLC dba Kilwins 119 N Broad St Thomasville GA 31792		<b>LOAN NUMBER</b> 07179019742-00001	<b>POLICY NUMBER</b> 91-J6-K076-6	
<b>ADDITIONAL NAMED INSURED(S)</b> Ameris Bank ISAOA/ATIMA		<b>EFFECTIVE DATE</b> 06/07/2024	<b>EXPIRATION DATE</b> 06/07/2025	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

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<b>COVERAGE INFORMATION</b>		<b>PERILS INSURED</b>	<input checked="" type="checkbox"/> BASIC	<input checked="" type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	
<b>COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:</b> \$ 300,000		<b>DED:</b> \$1,000				
	<b>YES</b>	<b>NO</b>	<b>N/A</b>			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE				If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12		
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$		
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IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>				
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FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>				
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE						
COINSURANCE		<input checked="" type="checkbox"/>		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: <b>DED:</b> \$1,000		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT: <b>DED:</b>		
- Demolition Costs				If YES, LIMIT: <b>DED:</b>		
- Incr. Cost of Construction				If YES, LIMIT: <b>DED:</b>		
EARTH MOVEMENT (If Applicable)				If YES, LIMIT: <b>DED:</b>		
FLOOD (If Applicable)				If YES, LIMIT: <b>DED:</b>		
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: <b>DED:</b>		
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: <b>DED:</b>		
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<b>MORTGAGEE</b>	<input checked="" type="checkbox"/> Additional Insured		
<b>NAME AND ADDRESS</b> Kilwins Chocolates Franchise, Inc & Kilwins Quality Confections, Inc 1050 Bay View Road Petoskey MI 49770			<b>AUTHORIZED REPRESENTATIVE</b> 

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