



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/11/2025

THIS EVIDENCE OF 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.

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| AGENCY CAMILLE LOGOTHETIS 2728 HASSERT BLVD STE 112 NAPERVILLE, IL 60564 | PHONE (A/C, No, Ext): 630-904-4400 | COMPANY State Farm Fire and Casualty Company | NAIC # 25143 |
| FAX (A/C, No): 630-904-4404 | E-MAIL ADDRESS: ALEC.A.LOGOTHETIS.DIT3@STATEF | | |
| CODE: 13-3714 | SUB CODE: | | |
| AGENCY CUSTOMER ID #: | | | |
| INSURED ST CHARLES SWEET SHOP INC 132 S 1ST ST ST CHARLES, IL 60174 | LOAN NUMBER | POLICY NUMBER 93-KK-D709-4 | |
| | EFFECTIVE DATE 10/01/2024 | EXPIRATION DATE 10/01/2025 | <input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | |

PROPERTY INFORMATION

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| LOCATION/DESCRIPTION 132 S 1ST ST ST CHARLES, IL 60174 |
| 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 ☐ BASIC ☒ BROAD ☐ SPECIAL ☐

| COVERAGE / PERILS / FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|---|---------------------|------------|
| PREMISE | | |
| BUILDING BETTERMENTS & IMPROVEMENTS | 208,700 | 1,000 |
| BUSINESS PERSONAL PROPERTY | 214,700 | 1,000 |
| SPOILAGE DUE TO BREAKDOWN/CONTAMINATION/POWER OUT | 15,000 | 1,000 |
| REPLACEMENT COST BASIS AGREED VALUE W/ COINSURANCE SUSPENDED SPECIAL COVERAGE FORM | | |
| 30 DAY NOTICE OF CANCELLATION, LOSS OF BUSINESS INCOME & EXTRA EXPENSE | | |
| ACTUAL LOSS SUSTAINED | 12 MONTHS | |
| FLOOD COVERAGE - REQUIRED IF LOCATED IN FEDERALLY DESIGNATED FLOOD PLAIN | | |
| WIND AND HAIL COVERAGE - SEPARATE POLICY IF EXCLUDED ON BETTERMENT/BPP & BI/EE COVERAGE | | |

REMARKS (Including Special Conditions)

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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

| | | |
|---|--|---|
| NAME AND ADDRESS KILWINS CHOCOLATES FRANCHISE INC KILWINS QUALITY CONFECTIONS INC 1050 BAY VIEW RD PETOSKEY, MI 49770 | <input checked="" type="checkbox"/> ADDITIONAL INSURED MORTGAGEE LOAN # AUTHORIZED REPRESENTATIVE <i>Alec Logothesis</i> | <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE |
|---|--|---|