

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 8/2/2019

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.

ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER,	AND THE ADDITIONAL IN	TEREST.		
AGENCY PHONE (A/C, No, Ext): (401) 821-7330	COMPANY			
John J. Clarke Insurance Inc	United Ohio Insurance Company			
Citizens Bank Building	P.O. BOX 111			
1226 Main St, Ste 1				
West Warwick RI 02893	Bucyrus OH 44820-0111			
FAX (A/C, No): (401)821-7332 E-MAIL ADDRESS: Nicole@JJCinsurance.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00004483				
INSURED	LOAN NUMBER		POLICY NUMBER	
The Sailor's Sweet Tooth, Inc, DBA: Kilwins			BP0034677	
420 Broadway	EFFECTIVE DATE	EXPIRATION DATE	CONTINUED	LINTI
	6/20/2019	6/20/2020		D IF CHECKED
Saratoga Springs NY 12866	THIS REPLACES PRIOR EVIDE	NCE DATED:		
PROPERTY INFORMATION		 		
LOCATION/DESCRIPTION			***************************************	
Loc# 00001/Bldg# 00001				
262 Thames Street				
Newport, RI 02840				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE	INSURED NAMED ABOVE	FOR THE POLICY P	ERIOD INDICATED.	
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CO				
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, I SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PO				
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COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property, Replacement Cost, Spec			390,000	1,000
Equipment Breakdown, Replacement Cost, Special for	rm		Included	1,000
Spoilage	•		25,000	
BI/EE - ALS			12 Months	24 Hours
REMARKS (Including Special Conditions)				
CANCELLATION			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BI	ECODE THE EVOIDATION	DATE THEREOF NO	OTICE WILL DE	
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	EFORE THE EXPIRATION	DATE THEREOF, N	OTICE WILL BE	
ADDITIONAL INTEREST				·
NAME AND ADDRESS	1,0000,000	X ADDITIONAL INSUR		
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Kilwin's Chocolate Franchise, Inc	LOSS PAYEE		 	
Kilwin's Quality Confections Inc.	LUAN #			
1050 Bay View Road	sufficient management	W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Petoskey, MI 49770	AUTHORIZED REPRESENTATION			
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