

SUMMARY OF DECLARATIONS

Policy #: PPK0001000-15

NAMED INSURED AND MAILING ADDRESS:

Jam-Lin Inc.

Traffic Jam & Snug of Michigan

27462 Roney

Brownstown, MI 48183

PRODUCER:

Lakepointe Ins. Agency, Inc.

25124 Jefferson Avenue St Clair Shores, MI 48081

The policy period is from 02/01/2015 to 02/01/2016 12:01 A.M. Standard Time at the mailing address shown.

BUSINESS DESCRIPTION: Bar/Tavern

INSURED IS: Corporation

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED, THIS PREMIUM MAY BE SUBJECT TO AN AUDIT.

COVERAGE PARTS		PREMIUM	
COMMERCIAL GENERAL LIABILITY	\$	600	
COMMERCIAL PROPERTY	\$	2,062	
COMMERCIAL CRIME	\$	Excluded	
COMMERCIAL INLAND MARINE	\$	Excluded	
COMMERCIAL AUTO	\$	Excluded	
TO	OTAL POLICY PREMIUM \$	2,662	

Commercial Filing Exemption-This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218, MCL 500.2236.

Form(s) and Endorsement(s) made part of this policy at the time of issue:

IL0003(9/08) IL0017(11/98) IL0286(9/08) IL0030(1/06) IL0031(1/06)

These Declarations and the Common Policy Declarations, if applicable, together with the Common Policy Conditions, Coverage Form(s) and Endorsements, if any, issued to form a part thereof, complete the above numbered policy.

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COUNTERSIGNED: 2/25/2015 BY:

DATE

AUTHORIZED REPRESENTATIVE

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26602 Haggerty Rd, Farmington Hills, MI 48331 Phone 877.714.6726 Fax 248.536.1860 primeoneinsurance.com



COMMERCIAL PROPERTY DECLARATIONS

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These declarations must be completed by the attachment of additional declarations or supplements and policy provisions for each applicable coverage.

LOC	BLDG	Occupancy and Location						
1	1	2075 Fort St. Wyandotte Ml48192 occupied as Restaurant						
COVERAG	涯 【	IIT OF RANCE	VALUATION	CO- INS	COVERED CAUSE OF LOSS	THEFT	DEDUCTIBLE	PREMIUM
Building		300,000	RC	80%	Special	Yes	1,000	Included
BPP		75,000	RC	80%	Special	Yes	1,000	Included
Earning		35,000	-	-	Special	Yes	-	Included
-		-	-	-	-	-	-	-
-		-	-	-	-	-	-	-
-		-	-	-	-	-	-	-

MONTHLY LIMIT OF INDEMNITY 1/4 *Applies to Business Income Only * Ext. Period of Indemnity

MORTGAGE HOLDER(S) AND MAILING ADDRESS

Form(s) and Endorsement(s) made part of this policy at the time of issue:

CP0010(6/07) CP0090(7/88) CP0120(1/08) CP0140(7/06) CP1032(8/08) IL0935(7/02) IL0953(1/08) CP1270(9/96)

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2/25/2015 BY:

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GENERAL LIABILITY DECLARATIONS

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LIMITS OF INSURANCE

General Aggregate Limit	\$200,000				
Products/Completed Operations Aggregate Limit	\$200,000				
Each Occurrence Limit	\$100,000				
Personal & Advertising Injury Limit	\$100,000				
Fire Damage Limit (Damage To Premises Rented To You Limit)	\$100,000				
Medical Expense Limit	\$5,000				
ALL PREMISES YOU OWN, RENT OR OCCUPY					

Location Address of all Premises you Own, Rent, or Occupy

1 2075 Fort St., Wyandotte, Ml. 48192

Location	Classification	Code No.	Premium	Basis	Premium
1	Restaurant	16941	\$2,612,244	Sales	Included

Audit Period (if applicable) -- Annually

Form(s) and Endorsement(s) made part of this policy at the time of issue:

CG0001(12/07) CG0068(5/09) CG0099(11/85) CG0168(12/4) CG2101(11/85) CG2146(7/98) CG2147(12/07) CG2149(9/99) CG2167(12/04) CG2175(6/08) CG2190(1/06) CG2258(11/85) CG2407(1/96) IL0021(9/08) PO-GL-5(5/12)

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