

**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
<b>TOTAL POLICY PREMIUM</b>		<b>\$ 2,662</b>

Commercial Filing Exemption- This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA218, 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.



COUNTERSIGNED: 2/22/2015

BY:

DATE

AUTHORIZED REPRESENTATIVE

PO-SUM-DEC (06/12)

Page 1

**COMMERCIAL PROPERTY DECLARATIONS**

**Policy #: PPK0001000-15**

<b>NAMED INSURED AND MAILING ADDRESS:</b> Jam-Lin Inc. Traffic Jam & Snug of Michigan 27462 Roney Brownstown, MI 48183	<b>PRODUCER:</b> 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.  
 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 MI48192 occupied as Restaurant

  

COVERAGE	LIMIT OF INSURANCE	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

<b>MORTGAGE HOLDER(S) AND MAILING ADDRESS</b>

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) CP0030(6/07) CP1030(6/07)
--

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.



COUNTERSIGNED:                      2/22/2015

BY:

DATE

AUTHORIZED REPRESENTATIVE

PO-CP-DEC (06/12)

Page 2



## GENERAL LIABILITY 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.

**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, MI. 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)

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.

COUNTERSIGNED: 2/22/2015

BY:

DATE

AUTHORIZED REPRESENTATIVE

PO-GL-DEC (06/12)

Page 3