

SUMMARY OF DECLARATIONS

Policy #: PPK0001001-15

NAMED INSURED AND MAILING ADDRESS:

Pop & Tereza, Inc. Legends Coney Island 5805 Mt. Elliot Detroit, MI 48211

PRODUCER:

Primary Insurance Agency

2071 E. 15 Mile Rd.

Sterling Heights, MI 48310

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

BUSINESS DESCRIPTION:

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	\$	3,292	
COMMERCIAL PROPERTY	\$	9,076	
COMMERCIAL CRIME	\$	Excluded	
COMMERCIAL INLAND MARINE	\$	Excluded	
COMMERCIAL AUTO	\$	Excluded	
TC	OTAL POLICY PREMIUM \$	12,368	

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:

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.

The same of the sa

COUNTERSIGNED: 3/02/2015 BY:

DATE

AUTHORIZED REPRESENTATIVE

PO-SUM-DEC (06/12) Page 1

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



COMMERCIAL PROPERTY DECLARATIONS

Policy #: PPK0001001-15

NAMED INSURED AND MAILING ADDRESS:

Pop & Tereza, Inc. Legends Coney Island 5805 Mt. Elliot Detroit, MI 48211

PRODUCER:

Primary Insurance Agency

2071 E. 15 Mile Rd. Sterling Heights, MI 48310

The policy period is from 02/02/2015 to 02/02/2016 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	5805 Mt. Elliot Detroit Ml48211 occupied as Restaurant						
COVERAG	E	T OF RANCE	VALUATION	CO- INS	COVERED CAUSE OF LOSS	THEFT	DEDUCTIBLE	PREMIUM
Building		400,000	RC	80%	Special	Yes	2,500	Included
BPP		100,000	RC	80%	Special	Yes	2,500	Included
Earning		200,000	-	-	Special	Yes	-	Included
Sign		25,000	RC	80%	Special	Yes	2,500	Included
-		-	-	-	-	-	-	-
-		-	-	-	-	-	-	-

MONTHLY LIMIT OF INDEMNITY

*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:

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.

Marin Marin

COUNTERSIGNED: 3/02/2015 BY:

DATE

AUTHORIZED REPRESENTATIVE

PO-CP-DEC (06/12) Page 2

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



GENERAL LIABILITY DECLARATIONS

Policy #: PPK0001001-15

NAMED INSURED AND MAILING ADDRESS:

Pop & Tereza, Inc. Legends Coney Island 5805 Mt. Elliot Detroit, MI 48211

PRODUCER:

Primary Insurance Agency

2071 E. 15 Mile Rd.

Sterling Heights, MI 48310

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

LIMITS OF INSURANCE

General Aggregate Limit	\$2,000,000			
Products/Completed Operations Aggregate Limit	\$2,000,000			
Each Occurrence Limit	\$1,000,000			
Personal & Advertising Injury Limit	\$1,000,000			
Fire Damage Limit (Damage To Premises Rented To You Limit)	\$300,000			
Medical Expense Limit	\$5,000			
ALL PREMISES YOU OWN, RENT OR OCCUPY				

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

1 5805 Mt. Elliot, Detroit, Ml. 48211

Location	Classification	Code No.	Premium Basis	Premium
1	Restaurant	16814	\$550,000 Sales	Included

Audit Period (if applicable) -- Annually

COUNTERSIGNED:

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

3/02/2015

DATE

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.

BY:

AUTHORIZED REPRESENTATIVE

PO-GL-DEC (06/12) Page 3

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