

**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 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.



COUNTERSIGNED: 2/25/2015

BY:

DATE

AUTHORIZED REPRESENTATIVE

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**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 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

**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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## 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, 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)

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