

SUMMARY OF DECLARATIONS

Policy #: PPK0001090-15

NAMED INSURED AND MAILING ADDRESS:

ASNJ, Inc.

12441 East Jefferson Ave

Detroit, MI 48215

PRODUCER:

ATB Insurance Agency

13747 W Warren Ave

Dearborn, MI 48126

The policy period is from 03/07/2015 to 03/07/0016 12:01 A.M. Standard Time at the mailing address shown.

BUSINESS DESCRIPTION: Gas Station with C Store

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	\$	1,349	
COMMERCIAL PROPERTY	\$	1,745	
COMMERCIAL CRIME	\$	75	
COMMERCIAL INLAND MARINE	\$	Excluded	
COMMERCIAL AUTO	\$	Excluded	
TO	OTAL POLICY PREMIUM \$	3,169	

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.

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COUNTERSIGNED: 4/03/2015 BY:

DATE

AUTHORIZED REPRESENTATIVE

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



COMMERCIAL PROPERTY DECLARATIONS

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13747 W Warren Ave Dearborn, MI 48126

12441 East Jefferson Ave Detroit, MI 48215

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LOC	BLDG	Occupancy	Occupancy and Location					
1	1	12441 East	12441 East Jefferson Ave Detroit MI48215 occupied as Grocery					
COVERAG	GE IN	LIMIT OF NSURANCE	VALUATION	CO- INS	COVERED CAUSE OF LOSS	THEFT	DEDUCTIBLE	PREMIUM
-		-	-	-	-	-	-	-
-		-	-	-	-	-	-	-
Earning		30,000	-	-	Special	Yes	-	Included
-		-	-	-	-	-	-	-
Pumps		40,000	RC	90%	Special	Yes	2,500	Included
Canopie	S	40,000	RC	90%	Special	Yes	2,500	Included

MONTHLY LIMIT OF INDEMNITY 1

*Applies to Business Income Only * Ext. Period of Indemnity

MORTGAGE HOLDER(S) AND MAILING ADDRESS

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



GENERAL LIABILITY DECLARATIONS

Policy #: PPK0001090-15

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Dearborn, MI 48126

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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)	\$50,000		
Medical Expense Limit	\$5,000		
ALL PREMISES YOU OWN, RENT OR OCCUPY			

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

12441 East Jefferson Ave, Detroit, Ml. 48215

Location	Classification	Code No.	Premium Basis	Premium
1	Grocery	13673	\$500,000 Sales	Included

Audit Period (if applicable) -- Annually

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



COMMERCIAL CRIME DECLARATIONS

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The policy period is from 03/07/2015 to 03/07/0016 12:01 A.M. Standard Time at the mailing address shown.

Coverage	Limit Per Occurrence	Deductible	Premium
Employee Theft	-	-	-
Forgery or Alteration	-	-	-
Inside the Premises - Theft of Money and Securities	10,000	2,500	Included
Outside the Premises - Robbery	10,000	2,500	Included
Inside the Premises - Safe Burglary	-	-	-
Premises Burglary	-	-	-
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PO-CR-DEC (06/12) Page 4