



## SUMMARY OF DECLARATIONS

Policy #: PPK0001002-15

**NAMED INSURED AND MAILING ADDRESS:**

Sharrak Investments, Inc.  
Springwells Liquor  
1848 Springwells St  
Detroit, MI 48209

**PRODUCER:**

Morris Insurance Group Inc  
  
22440 Hall Road  
Clinton Township, MI 48036

The policy period is from 02/04/2015 to 02/04/2016 12:01 A.M. Standard Time at the mailing address shown.

**BUSINESS DESCRIPTION:** Liquor 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 | \$ | 2,308    |
| COMMERCIAL PROPERTY          | \$ | 5,390    |
| COMMERCIAL CRIME             | \$ | Excluded |
| COMMERCIAL INLAND MARINE     | \$ | Excluded |
| COMMERCIAL AUTO              | \$ | 100      |
| TOTAL POLICY PREMIUM         |    | \$ 7,798 |

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.

COUNTERSIGNED: 2/23/2015

BY:

DATE

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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                  | 1848 Springwells St. Detroit MI48209 occupied as Grocery |        |                       |       |            |          |  |
| COVERAGE | LIMIT OF INSURANCE | VALUATION  | CO-INS | COVERED CAUSE OF LOSS | THEFT | DEDUCTIBLE | PREMIUM  |  |
| Building | 450,000            | RC   | 100%   | Special               | Yes   | 5,000      | Included |  |
| BPP      | 183,600            | RC   | 100%   | Special               | Yes   | 5,000      | Included |  |
| Earning  | 100,000            | -  | -      | Special               | Yes   | -          | 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:

CP1030(6/07) CP0440(6/95)

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## GENERAL LIABILITY DECLARATIONS

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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 |
|----------|--|
| 1        | 1848 Springwells St., Detroit, MI. 48209         |

| Location | Classification | Code No. | Premium Basis     | Premium  |
|----------|----------------|----------|-------------------|----------|
| 1        | Grocery        | 13673    | \$1,039,746 Sales | Included |

Audit Period (if applicable) -- Annually

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

CG2144(7/98)

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**COMMERCIAL AUTO DECLARATIONS**

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| Coverage   | Covered Autos | Limit (The most we will pay for any on Accident of Loss)                     | Premium  |
|--|---------------|--|----------|
| Liability  | 8, 9          | 1,000,000  | Included |
| Personal Injury Protection (PIP) (or equivalent No-Fault Coverage) | Excluded      | Separately Stated in each PIP Endorsement(s) minus \$                        | N/A      |
| Added PIP (or equivalent No-Fault Coverage)                        | Excluded      | Separately in each added PIP Endorsement(s)                                  | N/A      |
| Property Protection Insurance (PPI) (Michigan Only)                | Excluded      | Separately Stated in each PPI Endorsement minus Deductible for each Accident | N/A      |
| Auto Medical Payments  | Excluded      |  | N/A      |
| Uninsured Motorists (UM)   | Excluded      |  | N/A      |
| Uninsured Motorists (when not included in UM Coverage)             | Excluded      |  | N/A      |
| <b>Physical Damage</b>   |               |  |          |
| Comprehensive Coverage   | Excluded      |  | N/A      |
| Special Causes of Loss Coverage                                    | Excluded      |  | N/A      |
| Collision Coverage   | Excluded      |  | N/A      |
| Towing and Labor   | Excluded      |  | N/A      |

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