

Home-OwnersPage 1
AGENCY COPY54643 (01-90)
Issued 11-14-2018INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999AGENCY SMITH AND DE ROSE INSURANCE AGENCY INC
01-0954-00 MKT TERR 102 (517) 655-2812

INSURED LLPS INC

ADDRESS 6323 W SAGINAW HWY
LANSING MI 48917-2492**BUSINESS OWNERS POLICY DECLARATIONS**

Renewal Effective 12-21-2018

POLICY NUMBER 42-152-405-00

Company Use 06-57-MI-9912

Company Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
to	
12-21-2018	12-21-2019

Policy change: Effective Date of Change MD ____ DY ____ YR ____
Cross out old information and write in the changes.**ENTITY: Corporation**

PROPERTY COVERAGES - ALL DESCRIBED LOCATIONS	DED	LIMITS	PREMIUM
Special Coverage Form Employee Dishonesty TERRORISM - CERTIFIED ACTS	\$250	\$15,000	Included \$15.30

BUSINESS LIABILITY PROTECTION

COVERAGES	LIMITS	PREMIUM
Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000	\$224.84
Products-Completed Operations Aggregate	1,000,000	Included
Liability and Medical Expense	1,000,000	Included
Medical Expense - Per Person	5,000	Included
Personal Injury	Included	Included
Tenants Fire Legal - Any One Fire	200,000	23.30
Hired Auto & Non-Owned Auto Liability	1,000,000	27.96
TERRORISM - CERTIFIED ACTS		3.38

FORMS THAT APPLY TO ALL LOCATIONS:	54520 (08-09)	BP0002 (01-87)Y	BP0006 (01-87)Y	
54961 (11-11)Y	BP0009 (01-87)Y	54679 (06-92)Y	54709 (04-10)Y	54098 (05-07)Y
54319 (07-06)Y	54867 (03-08)Y	54656 (08-91)Y	54088 (09-09)Y	64728 (02-14)Y
64776 (01-16)Y	59495 (08-11)Y	54663 (01-03)Y		

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Company Bill 12:01 a.m. 12:01 a.m.
12-21-2018 to 12-21-2019Policy change: Effective Date of Change NO ____ DY ____ YR ____
Cross out old information and write in the changes.

Rekeying Of Locks	1,000	Included		
Salesperson's Samples	10,000			
Valuable Papers And Records	250	50,000		
Water Back-Up From Sewers Or Drains	250	15,000		
Equipment Breakdown	250	See Form 26.80		
ADDITIONAL FORMS FOR THIS BUILDING:	54841 (03-17)Y	54703 (08-94)Y		
54619 (08-94)Y	BP1203 (06-89)Y	54499 (04-13)Y	54500 (04-13)Y	54069 (08-00)Y
54340 (04-13)Y	54743 (08-00)Y	54750 (08-00)Y	54073 (08-00)Y	54226 (08-00)Y
54752 (08-00)Y	54064 (08-00)Y	54072 (04-14)Y	54067 (08-00)Y	54708 (01-07)Y
54062 (08-00)Y	54060 (02-06)Y	54070 (02-05)Y	54745 (08-00)Y	54066 (08-00)Y
54065 (08-00)Y	54658 (04-07)Y	54749 (08-10)Y	54068 (08-00)Y	54063 (03-13)Y
54227 (08-00)Y	54341 (03-13)Y	54748 (08-00)Y	54228 (04-13)Y	

SECURED INTERESTED PARTIES: See Attached Schedule

RATING INFORMATION

Occupancy: Office Supply Stores Tenant Occupied
 Class Code: 59435 Const: Joisted Masonry, Non-Sprinklered
 Program: Premier Mercantile Protection Class: 03
 Liability Rate Number: 02 Territory: 005 Eaton County
 Burglary Rate Group: 01
 Construction Year: 1970

LOCATION 002

LOCATION: 7402 WESTSHIRE DR STE 130 LANSING MI 48917-8976

COVERAGES	DED	LIMITS	PREMIUM
Addl Insured - Managers or Lessors of Premises	Included		\$15.53
TERRORISM - CERTIFIED ACTS			INCLUDED
SEE FORM(S) 59350 (01-15), 54313 (07-08), 59390 (01-15)			
ADDITIONAL FORMS FOR THIS LOCATION:	BP0007 (01-90)Y	54238 (12-01)Y	54244 (05-07)Y
54313 (07-08)Y	54369 (05-17)Y	54604 (07-88)Y	54661 (08-91)Y
			59350 (01-15)Y

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Issued 11-14-2018

HOME-OWNERS INS. CO.

AGENCY SMITH AND DE ROSE INSURANCE AGENCY INC
01-0954-00 MKT TERR 102Company POLICY NUMBER 42-152-405-00
Bill Company Use 06-57-MI-9912

INSURED LLPS INC

Term 12-21-2018 to 12-21-2019

LOC 002 BLDG 0001

COVERAGES	DED	LIMITS	PREMIUM
Business Personal Property - REPL. COST		\$84,050	\$409.66
Special Coverage Form Deductible	\$250	Included	
Windstorm or Hail Flat Ded	250	Included	
Adjusted Value Factor 0.0180			
Business Income And Extra Expense		12 Months	
Limitation of Coverage for Fungi, Mold, Dry Rot, Wet Rot and Bacteria		See Form	Included
COVERAGE PACKAGE: Property Plus -Standard	250	100,000	45.06
Accounts Receivable		7,500	Included
Arson Reward		5,000	Included
Bailees Coverage		2,500 Per Item	
Building Glass Coverage	250	See Form	Included
Business Personal Property - Expanded Coverage	250	Up To 1,000 Ft	Included
Business Personal Property At Fairs Or Exhibitions	250	5,000	Included
Business Personal Property At Newly Acquired Premises	250	500,000/90 Days	Included
Business Personal Property In Transit	250	25,000	Included
Business Personal Property Off Premises	250	25,000	Included
Debris Removal		25,000	Included
Electronic Equipment	250	25,000	Included
Equipment - Unscheduled	See Form	25,000	Included
Electrical Disturbance	1,000	25,000	Included
Mechanical Breakdown		25,000	Included
Media		25,000	Included
Transportation		100,000	Included
Business Income And Extra Expense		10,000/	Included
Fine Arts, Collectibles, And Memorabilia		2,500 Per Item	
Fire Department Service Charge		5,000	Included
Fire Extinguisher And Fire Suppression System Recharge		10,000	Included
Forgery And Alteration	250	10,000	Included
Money & Securities Inside Premises	250	15,000	Included
Money & Securities Outside Premises	250	15,000	Included
Newly Acquired Or Constructed Property	250	1,000,000/	Included
Off-Premises Utility Service Failure	250	90 Days	
Ordinance Or Law Coverage A, B And C Combined		50,000	Included
Outdoor Property	250	10,000	Included
Trees, Shrubs Or Plants	250	1,000 Per Item	Included
Outdoor Signs	250	5,000	Included
Personal Effects And Property Of Others	250	15,000	Included
Pollutant Clean Up And Removal		25,000	Included
Refrigerated Products	250	10,000	Included
Rekeying Of Locks		1,000	Included
Salesperson's Samples		10,000	
Valuable Papers And Records	250	50,000	Included
Water Back-Up From Sewers Or Drains	250	15,000	Included
Equipment Breakdown	250	See Form	15.46

Agency Code 01-0954-00

Policy Number

42-152-405-00

Home-Owners Insurance Company

54703 (8-94)Y

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS POLICY

SCHEDULE*

Designation of Premises (Part Leased to You):

7402 WESTSHIRE DR STE 130
LANSING MI 48917

Name of Person or Organization (Additional Insured):

MARLAN HOLDINGS LLC
C/O FHG REAL ESTATE SERVICES INC
130 WINE N WOOD DRIVE
OKEMOS, MI 48864

Additional Premium:

A. The following is added to Paragraph C. WHO IS AN INSURED in the Businessowners Liability Coverage Form:

4. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.

B. The following exclusions are added:

This insurance does not apply to:

- 1.** Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
- 2.** Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.

The limits of insurance for the additional insured are those specified in the written contract or agreement between the insured and the person or organization named above, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.