



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01-06-25

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SMITH & DeROSE INSURANCE AGENCY INC 216 WEST GRAND RIVER AVE WILLIAMSTON, MI 48895	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED LLPS INC 6323 W SAGINAW HWY LANSING, MI 48917	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: AUTO OWNERS INSURANCE		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		42 152 405 00	12-21-2025	12-21-2026	EACH OCCURRENCE \$2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				12-21-2024	12-21-2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$5,000		
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$2,000,000		
OTHER:							GENERAL AGGREGATE \$4,000,000	
							PRODUCTS - COMP/OP AGG \$2,000,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		42 152 405 00	12-21-2025	12-21-2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY				12-21-2024	12-21-2025	BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							\$	
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> OCCUR	AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> CLAIMS-MADE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N					OTH-ER	
If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CODE #59435 OFFICE SUPPLIES NOC

## CERTIFICATE HOLDER

## CANCELLATION

FRANGIE CREYTS PLAZA LLC  
C/O: NAI MID-MICHIGAN  
2149 JOLLY ROAD SUITE 200  
LANSING, MI 48864

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.