

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: NN1856157

Extension of Declarations is attached.

Effective Date: 07/12/2025 12:01 A.M. Standard Time

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products/Completed Operations)	\$	<u>2,000,000</u>
Products/Completed Operations Aggregate Limit	\$	<u>Included</u>
Personal and Advertising Injury Limit	\$	<u>1,000,000</u> Any One Person Or Organization
Each Occurrence Limit	\$	<u>1,000,000</u>
Damage To Premises Rented To You Limit	\$	<u>100,000</u> Any One Premises
Medical Expense Limit	\$	<u>5,000</u> Any One Person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

BUSINESS DESCRIPTION: Kennel, Breeding, Training

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: Location address is same as mailing address.

1 6911 Mount Garfield Rd (Ottawa County), Nunica, MI 49448

Any additional locations will be shown on **S170**, Commercial General Liability Coverage Part Declarations Extension.

CLASSIFICATION AND PREMIUM

LOC #	CODE #	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
					Prem/Ops	Prod/Comp Ops	
1	45450	Kennels--breeding, boarding, or sale	t+	18	26.079	Included	469 Included
1	16404	Pet training	s+	5,000	1.573	Included	8 Included
	90703	Animal-Related Limited Liability - Rate is Flat	t	Flat	Flat		Included

*** PREMIUM BASIS SYMBOLS** **+ = Products/Completed Operations are subject to the General Aggregate Limit**

a = Area (per 1,000 sq. ft. of area)	o = Total Operating Expenditures (per \$1,000 Total Operating Expenditures)	s = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost)	t = See Classification	
m = Admissions (per 1,000 Admissions)	p = Payroll (per \$1,000 of Payroll)	u = Units (per unit)

PREMIUM FOR THIS COVERAGE PART \$ 1,000 MP

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
Refer to Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.