

Insurance Program for Dog Breeders, Dog Kennels, Dog Trainers with Personal Property

for

Leashrly Life

22 Fleetwood Drive Norfolk, ma 02056 7812412083 March 2, 2015

BY

John Foster jfoster@mourerfoster.com 517-346-5229

OF

MOURER - FOSTER INC. 615 N. CAPITOL AVE. LANSING, MI. 48933

STD



PROPERTY

Policy Deductable \$250.00

Specific deductibles may apply to certain causes of loss. Review policy for additional details

Policy Coverage	Limits	Deductible	Premium
Business Income	12 mths Actual		Included
	Loss Sustained		
Business Income-Dependent Property	\$10,000.00	24 hour	Included
Business Income & Extra Expense-Newly	\$250,000.00		Included
Acquired Property			
Employee Dishonest / Forgery	\$25,000.00	Policy Level	Included
Expediting Expenses	\$25,000.00	Policy Level	Included
Identity Theft / Recovery Services	\$25,000.00	\$250.00	Included
Terrorism Risk Insurance Act Premium			Included

The Following Coverage's Apply to Each Location Coverage's

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Appurtenant Building and Structures	\$50,000.00	Policy Level	Included
Arson & Theft Reward	\$5,000.00	None	Included
Civil Authority	3 weeks	24 hours	Included
Claim Data Expense	\$5,000.00	Policy Level	Included
Debris Removal	25% + \$25,0	000.00 Policy Level	Included
Fire Department Service Charge	\$25,000.00	None	Included
Fire Protection Equipment discharge	\$10,000.00	Policy Level	Included
Newly Acquired / Constructed Prope	erty \$500,000.00	building	
	BPP 180 Days \$250,000.00	Policy Level	Included
None Owned Detached Trailers	\$5,000.00	Policy Level	Included
Outdoor property	\$10,000.00	Policy Level	Included
Outdoor trees, Shrubs, Plants Lawns	\$3,000.00	Policy Level	Included
Personal Effects	\$25,000.00	Policy Level	Included
Pollutant Clean Up & Removal	(Annual Total) \$25,000.00	Policy Level	Included
Preservation of Property	BPP Limit up to 90 days	Policy Level	Included
Signs	Included	Policy Level	Included
Spoilage - Consequential Loss	Included in BPP Limit	Policy Level	Included
Temporary Relocation of Property	\$50,000.00 up to 90 day	s Policy Level	Included
Tenant Glass	Included in BPP Limit	Policy Level	Included
Theft damage to Rented Property	Included in BPP Limit	Policy Level	Included

Location Information

Number of Locations: One Location Address: 22 Fleetwood Drive, Norfolk, ma 02056





Coverage	Limits	Deductible	Premium
Business Personal Property (BPP)	\$5,000.00	Policy Level	Included
Seasonal Increase	25 %	Policy Level	Included
Business Personal Property - Off Premises	\$20,000.00	Policy Level	Included
Wind and Hail Deductible		Policy Level	Included
Money and Securities	Included in BPP Limit	Policy Level	Included
Money Orders and Counterfeit Paper	Included in BPP Limit	Policy Level	Included
Equipment Breakdowns	\$20,000.00	Policy Level	Included
Pollutants	\$25,000.00	Policy Level	Included
Expediting Expenses	\$25,000.00	Policy Level	Included
Equipment Breakdown Specific Equipment	\$100,000.00	Policy Level	Included
Ordnance or Law	\$25,000.00	Policy Level	Included
Building Glass		Policy Level	Included
Accounts Receivable	\$25,000.00	None	Included
Valuable Papers and Records	\$25,000.00	Policy Level	Included
Electronics Data Processing	\$50,000.00	Policy Level	Included
Electronics Data Processing - In Transit	\$25,000.00	Policy Level	Included
Sewer and Drain Backup	\$25,000.00	Policy Level	Included
Animal Bailee	\$20,000.00	Policy Level	Included
Fine Arts	\$25,000.00	Policy Level	Included
Targeted Hacker Attack	\$25,000.00	Policy Level	Included

LIABILITY

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General Liability		Included
Each Occurrence	\$2,000,000.00	Included
Personal and Advertising Injury	\$2,000,000.00	Included
Products Completed Operations Aggregate	\$4,000,000.00	Included
General Aggregate	\$4,000,000.00	Included
Damage to Premise Rented to You	\$300,000.00	Included
Employment Practices Fiduciary Liability At Policy Inception	\$10,000.00	Included
Additional Insured's:		Included
Non-Contractors Blanket Additional Insured's		Included



ANIMAL BAILEE

Covered Property:

We will cover domestic animals belonging to others, while in your care, custody or control, for examanination, grooming, boarding or breeding included while in transit in your vehicles.

Normal policy coverage's and exclusions apply see actual policy when coverage is bond.

STATEMENT OF INSURANCE

Payment of the above insurance proposal does not mean Kennel Pro of Mourer Foster has instated the insurance coverage. All policy's have to be reviewed by the underwriters. Once approved by underwriting a complete copy of the policy, all coverage's, and exclusions will be mailed directly to the address stated on this proposal. No Policy will be bound without arrangement for payment or the signature page signed and faxed back to Kennel Pro / Mourer - Foster at 517-342-5016

This proposal is for informational purpose only. It does not represent an offer of coverage. The dollar amounts are estimates and are not actual premiums. This potential insured is subject to additional requirements that may affect the insurability of the account or estimated premiums

FLORIDA CLAUSE

ALL POLICIES ISSUED IN FLORIDA WILL BE REVIEWED BY THE UNDERWRITING PRIOR TO BINDING. NO PROPERTY COVERAGE IS INCLUDED IN FLORIDA POLICIES.

ONLY THE ACTUAL POLICY CAN PROVIDE COVERAGES, CONDITIONS, EXCLUSIONS, PREMIUMS, AND DEDUCTIBLES.





CERTIFICATE OF LIABILITY INSURANCE

LEASH02 OP ID: GY

> DATE (MM/DD/YYYY) 03/28/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to

				ns of the policy I of such endor			oolicies may require an e	ndorse	ement. A sta	tement on th	is certificate does not co	onfer	rights to the
	DUCE		_			• ,		CONTA NAME:	CT JOHN T	FOSTER			
MOURER-FOSTER, INC. 615 N. CAPITOL AVE.									FAX (A/C, No):				
LAN	ISIN	G, MI 48933						E-MAIL ADDRE			[(A/C, NO):		
JOH	IN T.	. FOSTER						ADDICE		URER(S) AFFOR	DING COVERAGE		NAIC #
								INSURER A : ST PAUL TRAVELERS INS CO				25658	
INSU	JRED	Leashrly	/ Li	fe				INSURER B: Talisman Casualty Insurance Co					
		Angela \ 22 Fleet		cox DBA				INSURER C:					
		Norfolk,						INSURE					
		,						INSURER E:					
								INSURER F:					
СО	VER	AGES		CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER:		
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LTR B	Х	TYPE OF IN			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		2,000,000
_	_		Г	V			KP100460		04/01/2016	04/01/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$	300,000
		CLAIMS-MAD)E [OCCUR			KF100400		0-70172010	0-7/01/2017	PREMISES (Ea occurrence)	\$	10,000
											MED EXP (Any one person) PERSONAL & ADV INJURY	\$	2,000,000
	GEN	J N'L AGGREGATE LII	MIT A	ADDI IES DEB:							GENERAL AGGREGATE	\$	4,000,000
	OLI	POLICY PR	RO-	LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:	CI								11.020010 007017.00	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	AUT	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO					KP100460		04/01/2016	04/01/2017	BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS	X	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											, , , , , , , , , , , , , , , , , , , ,	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE	≣						AGGREGATE	\$	
		DED RETE										\$	
		RKERS COMPENSA EMPLOYERS' LIAE		v						PER OTH- STATUTE ER			
Α	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		UB-2G456655		08/04/2015	08/04/2016	E.L. EACH ACCIDENT	\$	100,000
	(Man										E.L. DISEASE - EA EMPLOYEE	\$	100,000
			RATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Anii	mal Bailee					KP100460		04/01/2016	04/01/2017	Limit		25,000
DE0	ODIDI	TION OF OPERATIO	NO /	LOCATIONS (VEHIC	21.50.7	1000	Add Additional Bassacha Oakada	.1			0		
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							IONIOUR		-		ESCRIBED POLICIES BE CA		
								THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	FOR YOUR INFORMATION						ASSERBANCE WITH THE FOLIOT FROMOIONO.						
								AUTHORIZED REPRESENTATIVE					