

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS DECLARATION

POLICY NO: BP21033102-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

JT Holdings 2021 LLC
DBA Calmes Pub
1441 Arbor Way
Kaukauna, WI 54130-7336

AGENCY AND MAILING ADDRESS 00177 000

Spectrum Insurance Group Fox Valley
LLC
PO Box 12495
Green Bay, WI 54307

POLICY PERIOD: FROM 09/30/2021 TO 09/30/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Limited Liability
Company (LLC)

BUSINESS DESCRIPTION: See Described Premises
section

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIBED PREMISES

Prem. No.	Bldg. No.	Premises Address:	Description	Construction Type	Protection Class
1	1	1441 Arbor Way, Kaukauna, WI 54130	Tavern/Restaurant	Frame Construction	4

Prem. No.	Bldg. No.	Mortgageholder Name:	Mortgageholder Address:	Remarks:
1	1	Associated Bank NA Its Successors and/or Assigns	PO Box 12768, Kaukauna, WI 54130	

SECTION I - PROPERTY

Property Coverage Limits Of Insurance**							
Prem. No.	Bldg. No.	Classification No.	Type Of Property	Valuation Option	Automatic Increase Limit (Percentage)	Business Personal Property - Seasonal Increase (Percentage)	Limit Of Insurance*
1	1	1	Business Personal Property-Casual Dining Restaurants - NOC - Full Cooking	Replacement Cost	4%	25%	\$ 270,400
1	1		Building Property of Others	Limited Replacement Cost	4%	%	\$ 1,144,000

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DECLARATION

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EFFECTIVE DATE: 09/30/2021
AGENT: Spectrum Insurance Group Fox
Valley LLC

Property Coverage Limits Of Insurance**

Prem. No.	Bldg. No.	Classification No.	Type Of Property	Valuation Option	Automatic Increase Limit (Percentage)	Business Personal Property – Seasonal Increase (Percentage)	Limit Of Insurance*
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*Includes Automatic Increase Limit Percentage(if applicable)

**Business Income actual loss sustained for 12 months included subject to policy provisions.

Deductibles (Apply Per Location, Per Occurrence)

Prem. No.	Property Deductible	Windstorm Or Hail Percentage Deductible
(Location 1, Building 1)	\$ 500	N/A %

Crime Coverages – Optional Higher Limits

Coverage	Additional Premium	Limit Of Insurance	Deductible
Money and Security (Location 1)	\$ 23	\$ 15,000 Inside the Premises	\$ 500
		\$ 10,000 Outside the Premises	

Equipment Breakdown Protection Coverage Deductibles

Prem. No.	Bldg. No.	Deductible
1	1	\$ 500

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days	Deductible
Extended Business Income – Extended Number Of Days	\$ 0	60	

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SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to the Businessowners Liability Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance
Liability And Medical Expenses	\$ 1,000,000 Per Occurrence
Medical Expenses	\$ 5,000 Per Person
Damage To Premises Rented To You	\$ 100,000 Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000

TOTAL BUSINESSOWNERS POLICY PREMIUM	\$ 4,018
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TOTAL PREMIUM	\$ 4,018.00
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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BUSINESSOWNERS LIABILITY DECLARATION

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 1441 Arbor Way, Kaukauna, WI 54130 7336

LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE	PD DED APPLIES
1	Restaurants - with sales of alcoholic beverages that are 30% or more but less than 75% of the total annual receipts of the restaurants - without dance floor	16916	Square Footage	7,000	1.707	0.132		
1	Halls (For-Profit)	44276	Square Feet	7,000	140.60 3	0		
1	Liquor Sales 40-75%, Within City With Population Greater Than 20K, No Entertainment	58161	Gross Sales	250,000			0.788	

TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$	2,533
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BUSINESSOWNERS PACKAGE POLICY

PREMIUM SUMMARY

TOTAL BUSINESSOWNERS PREMIUM	\$	4,018
BALANCE TO MINIMUM BUSINESSOWNERS PREMIUM	\$	0
TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$	2,533
TOTAL SURCHARGE	\$	0
TOTAL BUSINESSOWNERS PACKAGE POLICY PREMIUM	\$	6,551

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

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FORMS SCHEDULE

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BUSINESSOWNERS POLICY FORMS

BP0127 11-18	Wisconsin Changes
BP1068 11-11	Wisconsin - Hired Auto And Non-Owned Auto Liability
BP0417 01-10	Employment-Related Practices Exclusion
BP0489 01-10	Liquor Liability Coverage
BP0515 12-20	Disclosure Pursuant To Terrorism Risk Insurance Act
BP0589 01-10	Employment-Related Practices Liability Endorsement
BP1203 01-10	Loss Payable Clauses
BP1505 05-14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
TBP453 11-16	Water Backup And Sump Overflow
TCE310 10-18	TopChoice Extension Endorsement
TBP9 10-08	Businessowners Common Policy Conditions
TBP84 05-15	Property Enhancement Endorsement Green Environmental and Energy Efficiency Improvements
TBP6 05-15	Businessowners Liability Coverage Form
TBP440 08-17	Asbestos - Exclusion
TBP2109 12-15	Exclusion - Unmanned Aircraft
TBP2 05-15	Businessowners Special Property Coverage Form
TBP18 05-15	Additional Coverage For Lessor of Described Premises
TBP12 05-15	Product Spoilage
EPL120 10-08	Liability to Non-Employees
SFE1 05-15	Franchise Ext SFE1