

HUNTINGTON INSURANCE INC
10 POLARIS PKWY SUITE 400
LESTERVILLE, OH
43082



Grange Mutual Casualty Company
P.O. Box 1218
Columbus, Ohio 43216-1218

ABC

(614) 899-8500
Agent No. 34-150-00
debra.fillinger@huntington.com
www.archer-meek.com

Named Insured and Address

Policy Type: *Commercial Package*

Reason Issued: *Policy Change -
Change Coverage*
Policy Number: *CPP 2631480-00*
Change Effective Date: *08/09/11*
Issue Date: *09/06/11*
ACCT. NO: *0000103747*

IDEAL INVESTMENTS INC
3720 LACON RD
HILLIARD OH 43026

From: **02/05/11** To: **02/05/12** 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the applications, the commercial lines policy jacket, common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Commercial Policy Declarations

Business Description *DISTRIBUTER OF COPIERS*

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part(s)	Premium
COMMERCIAL AUTOMOBILE COVERAGE PART	\$4,191.00
COMMERCIAL PROPERTY COVERAGE PART	\$25,765.00
EMPLOYERS LIABILITY COVERAGE PART	\$203.00
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$4,565.00
Certified Acts of Terrorism	\$1,425.00

Your Estimated Total Policy Premium Is **\$36,149.00**

Premium does not include service charges.

The Premium Credit From This Policy Change Is \$3,906.00CR

THIS IS NOT A BILL. This premium credit will appear on your next billing statement, and remaining payments will be adjusted accordingly.

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy Number: CPP 2631480-00

Amendment Of Policy Effective: Aug. 09, 2011

Named Insured: IDEAL INVESTMENTS INC

Total Premium: \$25,765.00

The Pro-Rated Return Premium Is: \$2,869.00

Description Of Premises:

Prem Bld Occupancy

1 1 Office Machines Or Appliances - Wholesale - No Repair
Construction: Non-Combustible Protection Class: 03

Prem Bld Occupancy

3 1 Volunteer Of America Offices
Construction: Modified Fire-Restitve Protection Class: 03

Prem Bld Occupancy

4 1 Dwellings - One Family (Lessor's Risk Only)
Construction: Frame Protection Class: 05

Prem Bld Occupancy

5 1 Dwellings - One Family (Lessor's Risk Only)
Construction: Frame Protection Class: 05

Prem Bld Occupancy

6 1 Storage
Construction: Joisted Masonry Protection Class: 05

Prem Bld Occupancy

7 1 Dwellings - One Family (Lessor's Risk Only)
Construction: Frame Protection Class: 03

Prem Bld Occupancy

8 1 Lessor's Risk Warehouse
Construction: Masonry Non-Combustible Protection Class: 03

Prem Bld Occupancy

9 1 Warehouse
Construction: Masonry Non-Combustible Protection Class: 03

These Declarations Are Part Of The Policy Declarations Containing The Name Of
The Insured And The Policy Period.

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COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy Number: CPP 2631480-00

Amendment Of Policy Effective: Aug. 09, 2011

Named Insured: IDEAL INVESTMENTS INC

Coverages Provided:

Insurance At The Described Premises Applies Only For The Coverages Shown Below:

See Form No. Commona For Schedule Of Names And Addresses.

Coverages Provided:

Insurance At The Described Premises Applies Only For The Coverages Shown Below:

See Form No. Commona For Schedule Of Names And Addresses.

Blanket Buildings For Premises 3, 4, 5, 6, 7, 8, 9
Blanket Contents For Premises 1

Prem Bld Coverage	Covered Causes	Rates	Premiums
0 0 Blanket Building And Contents (Blanket Summary Information)	Basic Form	0.048	\$16,038
	Special Form	0.017	\$5,680
Total Limit Available	\$33,412,500		
Replacement Cost			
Deductible:	\$2,500		
Coinsurance:	100 %		

Equipment Breakdown Coverage: \$983
(Refer to the Property Limits of Insurance and coverage form unless a limit is specifically shown in an Equipment Breakdown Coverage Schedule)

Wholesaler's Optimum Program: \$2,351

The Pro-Rated Return Premium Is: \$2,869

These Declarations Are Part Of The Policy Declarations Containing The Name Of The Insured And The Policy Period.

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WHOLESALER'S OPTIMUM PROGRAM SCHEDULE

Policy Number: CPP 2631480-00

Amendment Of Policy Effective: Aug. 09, 2011

Named Insured: IDEAL INVESTMENTS INC

These Coverages Apply To All Locations Covered On The Policy.

The Following Coverages Apply Only When Designated By an "X" In
The Box(es) Shown Below:

	Premium
[X] Wholesaler's Optimum Endorsement - IL32	\$1,920
[X]Wholesaler's Optimum Business Income and Extra Expense Endorsement - CP 22	\$431
Total Wholesaler's Optimum Program Premium	\$2,351