Michigan Millers
Mutual Insurance Company
Lansing, Michigan

COMMERCIAL PACKAGE POLICY
COMMON POLICY DECLARATION

Policy Number C 0545129 04
Renewal of C 0545129

Policy Period: **From** 07/14/2025 **To** 07/14/2026
12:01 A.M. Standard Time at the Named Insured's Address

Transaction AMENDED DECLARATION
ADD COVERAGE

Effective: 07/14/2025

Named Insured and Address
HEART OF SENIOR CITIZENS INC
DBA KRAPOHL SENIOR CENTER
5473 BICENTENNIAL DR
MOUNT MORRIS MI 48458-9999

Agent
BOIS INSURANCE AGENCY INC 0021094
PO BOX 420
FLUSHING MI 48433

Telephone: 810-659-7330

Business Description	Type of Business	Audit Period
SLP - Senior Center	CORPORATION	Annual

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

COVERAGE PART DESCRIPTION	PREMIUM
Commercial Auto	$4,208.00
Commercial Fire	$2,858.00
General Liability	$922.00

POLICY PREMIUM	$	7,988.00
DEPOSIT PREMIUM	$	
TOTAL DEPOSIT PREMIUM	$	

Forms applicable to all Coverage Parts: See Forms and Endorsements Schedule

These Declarations together with the common policy conditions, coverage declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above number policy.

Countersigned this Day of , By _____
Authorized Representative

Issued Date: 07/14/2025

Michigan Millers Mutual Ins. Co. P.O. Box 30060 Lansing, MI 48909-7560	**Endorsement Number:** 1 **Policy Number:** C 0545129 04 **Policy Period:** 07/14/2025 **to** 07/14/2026 **Effective Date of Endorsement:** 07/14/2025

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured and Mailing Address	Agent
HEART OF SENIOR CITIZENS INC DBA KRAPOHL SENIOR CENTER 5473 BICENTENNIAL DR MOUNT MORRIS MI 48458-9999	BOIS INSURANCE AGENCY INC 0021094 PO BOX 420 FLUSHING MI 48433 Telephone: 810-659-7330

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

POLICY CHANGES

☐	Insured's Name	☐	Insured's Mailing Address
☐	Policy Number	☒	Vehicle(s) Added/Deleted
☐	Effective/Expiration Date	☐	Insured's Legal Status/Business of Insured
☐	Payment Plan	☐	Premium Determination
☐	Additional Interested Parties	☒	Coverage Forms and Endorsements
☒	Limits/Exposures	☐	Deductibles
☒	Covered Property/Location Description	☐	Classification/Class Codes
☐	Rates	☐	Underlying Insurance

is (are) changed to read:

ADDED AUTO LOB AND AUTO SYMBOLS
ADDED UNIT 1 DODGE GRAND CARAVAN #2C4RDGCG7DR575365
ADDED UNIT 2 ELDORADO BUS #1FDFE4FS4JDC32179

TJF

The above amendments result in a change in the premium as follows:

☐	No Changes	☐	To be Adjusted at Audit	Additional Premium $ 4208.00	Return Premium $

Issued Date: 07/14/2025
Form IL930 (01-02)

WEST BEND®

Business Insurance Invoice

Invoice Date	05/11/2025
Policyholder	Heart Of Senior Citizen Services, Inc
Account Number	011026777300
Policy Number(s)	0994183

Heart Of Senior Citizen Services, Inc
DBA Krapohl Senior Center
5473 Bicentennial Dr
Mount Morris, MI 48458

Billing Summary

Past Due Amount	$0.00
Current Amount Due	$563.00
Current Amount Due Date	**06/01/2025**
Minimum Amount Due	**$563.00**

Your Agency is:
BGM INSURANCE AGENCY INC
(810) 235-3800
1063 W HILL RD SUITE E
FLINT, MI 48507

Total Account Balance Due *$563.00*

Your current payment plan is *Pay in Full.*

To expedite payment processing, make a secure online payment at www.thesilverlining.com or call Billing Customer Service at (800) 236-5002 to process a phone payment.
Card payments will incur a processing fee. There is no processing fee when using a bank account.

Please note that failure to pay amounts due for the current policy period may result in cancellation of coverage. Failure to pay the Minimum Amount Due for a Renewal policy means that you have rejected our policy and you have no coverage.

Please Note:

- For coverage questions or policy changes, please call the agency shown above.
- Receipt of payment does not bind coverage.
- If you pay by check, it may be converted to an electronic payment (ACH).
- Electronic payments may not appear on your bank statement the same day.
- Correspondence may be sent to West Bend Insurance Company, Attention: Billing, 1900 S. 18th Ave, West Bend, WI 53095 or emailed to Billing@wbmi.com.

Tear along line and return with payment. Please make check payable to West Bend Insurance Company.

Heart Of Senior Citizen Services, Inc
DBA Krapohl Senior Center
5473 Bicentennial Dr
Mount Morris, MI 48458

Payment Information

Account Number	011026777300
Minimum Amount Due	$563.00
Current Amount Due Date	06/01/2025
Amount Enclosed	$_____

West Bend Insurance Company
PO Box 88432
Milwaukee, WI 53288-8432

432011026777300000000056300000000563004

Current Installment Detail

Policy Number	Line of Business	Effective Date	Description	Amount
0994183	Not For Profit D&O	06/01/2025 - 06/01/2026	Premium	$563.00
			Total Invoice Due Amount	**$563.00**

Billing Activity Since Last Invoice

Date	Policy Number	Line of Business	Effective Date	Description	Amount
				Previous Balance	$563.00
05/28/2024				Payment	($563.00)
04/17/2025	0994183	Not For Profit D&O	06/01/2025 - 06/01/2026	Renewal	$563.00
				Total Account Balance	**$563.00**

Michigan Millers Mutual Ins.Co
P.O. Box 30060
Lansing, MI 48909-7560

ITEM ONE **BUSINESS AUTO COVERAGE PART DECLARATION**

Policy Number C 0545129 04
Renewal of C 0545129

Policy Period **From** 07/14/2025 **To** 07/14/2026
12:01 A.M. Standard Time at the Named Insured's Address

Transaction AMENDED DECLARATION
ADD COVERAGE

Effective: 07/14/2025

Named Insured and Address
HEART OF SENIOR CITIZENS INC
DBA KRAPOHL SENIOR CENTER
5473 BICENTENNIAL DR
MOUNT MORRIS MI 48458-9999

Agent
BOIS INSURANCE AGENCY INC 0021094
PO BOX 420
FLUSHING MI 48433

Telephone: 810-659-7330

Business Description	Type of Business	Audit Period
SLP - Senior Center	CORPORATION	Annual

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	1,000,000 per accident	$2,074.00
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)	5	Separately stated in each PIP endorsement minus 0 Deductible. See Supplemental Dec for NY.	$244.00
ADDED PERSONAL INJURY PROT. (or equivalent added No-fault coverage)		Separately stated in each Added PIP endorsement See Supplemental Dec for NY.	
PROPERTY PROTECTION INS. (Michigan only)	7	Separately stated in the P.P.I. endorsement minus Deductible	$66.00
AUTO MEDICAL PAYMENTS		Each Insured	
UNINSURED MOTORISTS (not applicable in New York)	7	1,000,000 Each Accident	$136.00
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) (not applicable in New York)		Each Accident	
PHYSICAL DAMAGE COMPREHENSIVE	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	$356.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus $25 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION	7	Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	$1,140.00
PHYSICAL DAMAGE TOWING AND LABOR (not available in California)		for each disablement of a private passenger "auto"	

WARNING – when a named excluded person operates a vehicle all liability coverage is void – no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully personally liable.
The person operating the motor vehicle or motorcycle as to which he or she was named as an excluded operator is not entitled to be paid personal injury protection insurance benefits.

Premium for Endorsements	$ 28.00
Taxes and Surcharges*	$ 164.00
Estimated Total Premium	$ 4,208.00

***See Taxes and Surcharges Schedule for Details**

Forms and Endorsements Applicable to this policy

See Forms and Endorsements Schedule

Issued Date: 07/14/2025

Michigan Millers Mutual Ins.Co
P.O. Box 30060
Lansing, MI 48909-7560

Policy Number: C 0545129 04
AMENDED DECLARATION
Named Insured:
HEART OF SENIOR CITIZENS INC

BUSINESS AUTO

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION		PURCHASED		LOCATION	
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number		Original Cost New	Actual Cost & NEW (N) USED (U)	State	Territory
1	2013 DODGE GRAND CARAVAN	2C4RDGCG7DR575365	$28,795		MI	018
2	2018 ELDORADO BUS	1FDFE4FS4JDC32179	$60,000		MI	018

	CLASSIFICATION							
					Primary Rating Factor			
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Liability	Physical Damage	Secondary Rating Factor	Age Group
1	03299	Intermediate	Commercial	0-10,000 GVW	1.50000	1.15000	0.00000	13
2	23299	Intermediate	Commercial	10,001-20,000 GVW	1.60000	0.90000	0.00000	8

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES *

Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P. P. I. Endorsement minus deductible shown below	Premium
1	$1,000,000	$1,004		$122			$33
2	$1,000,000	$1,070		$122			$33
Total		$2,074		$244			$66

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES * (Cont.)

Unit #	AUTO MED PAY		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Per Disablement Limit	Premium
1			$500	$173			$1,000	$454B		
2			$500	$183			$1,000	$686B		
Total				$356				$1,140		

***Absence of a deductible or limit entry in any column means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.**

Issued Date: 07/14/2025