| Client#: 13258 SPEBR1 | | | | | | | | |
|--|---|---------------------------|--|--|----------------------------|--|--------------------------|--------------------|
| | ACORD. CERTIFIC | CATE | OF LIABIL | ITY INSU | JRANC |)E | DATE (MI 8/29/ | M/DD/YYYY) 2023 |
| 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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on | | | | | | | | |
| this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | |
| - | DUCER | | CONTACT NAME: Toni L. Claerhout | | | | | |
| | ginaw Bay Underwriters 58 S. Washington | (A | PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No): | | | | | |
| |). Box 1928 | A | E-MAIL ADDRESS: tclaerhout@sbuins.com | | | | | |
| | ginaw, MI 48605 | | INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Insurance Co. | | | NAIC # | | |
| | JRED | | INSURER B : Cincinnati Insurance Co. | | | | | |
| Spence Brothers | | | | INSURER C : Chubb/Pacific Insurance Group | | | | |
| 203 S Washington STE 360 | | | | INSURER D : New Hampshire Insurance Co. | | | | |
| Saginaw, MI 48607 | | | | INSURER E : | | | | |
| | | IN | INSURER F : | | | | | |
| | VERAGES CERTIFIC | | REVISION NUMBER: | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIM | ITS | |
| Α | CLAIMS-MADE X OCCUR | 3292 | 195 | 09/01/2023 | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,00 \$300, | 000 |
| | | | | | | MED EXP (Any one person) | \$10,0 \$1,00 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | - | PERSONAL & ADV INJURY GENERAL AGGREGATE | \$2,00 | |
| | POLICY X PRO- LOC | | | | - | PRODUCTS - COMP/OP AGG | | |
| | OTHER: | | | | | | \$ | |
| Α | UTOMOBILE LIABILITY 4544812 X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | 812 | BODI | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per acciden | son) \$ | |
| | AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY X AUTOS ONLY X | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| В | UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE | EXSO | 0392779 | 09/01/2023 | 09/01/2024 | EACH OCCURRENCE AGGREGATE | \$5,000 \$5,000 | -] |
| D | DED X RETENTION \$0 WORKERS COMPENSATION | WCO | 25893643 | 09/01/2023 | 00/01/2024 | V PER OTH | \$ | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | 1100 | 20000040 | 03/01/2023 | 00/01/2024 | STATUTE ER E.L. EACH ACCIDENT | \$1,00 | 0.000 |
| | OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH) | | | | | E.L. DISEASE - EA EMPLOYE | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMI | | 1 |
| С | Leased/Rented Equipment | 0662 | 0573 | 09/01/2023 | 09/01/2024 | \$850,000 Limit \$1,000 Deductible | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: Delta Midland Delta College, its elected and appointed officials, employees, students, volunteers and agents and Tower | | | | | | | | |
| Pinkster are Additional Insured with respects to the General Liability and Umbrella Liability on a primary and noncontributory basis. Additional Insured applies to the Professional Liability. Waiver of Subrogation | | | | | | | | |
| applies to General Liability, Auto Liability, Workers Compensation and Umbrella Liability policies. 30 Day | | | | | | | | |
| No | tice of Cancellation (10 Day Notice for | nonpaym | ent of premium) ap | plies. (1/20) | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | |
| Delta College Director of Facilities 1961 Delta Road | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| | University Center, MI 48710 | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | 062 | \frown | | | | |

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