Client#: 13258 SPEBR1

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2023

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).

and defailed does not define any rights to the defailed in lieu of such endorsement(s).					
PRODUCER	CONTACT Toni L. Claerhout				
Saginaw Bay Underwriters	PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):				
1258 S. Washington	E-MAIL ADDRESS: tclaerhout@sbuins.com				
P.O. Box 1928	INSURER(S) AFFORDING COVERAGE				
Saginaw, MI 48605	INSURER A: National Union Fire Insurance Co.				
INSURED	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 :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY			3292195	09/01/2023	09/01/2024	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			4544812	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB X OCCUR			EXS0392779	09/01/2023	09/01/2024	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED X RETENTION \$0							\$
D		RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC025893643	09/01/2023	09/01/2024	X PER STATUTE OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Lea	ased/Rented			06620573	09/01/2023	09/01/2024	\$850,000 Limit	
	Eq	uipment						\$1,000 Deductible	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

Delta College, its elected and appointed officials, employees, students, volunteers and agents and Wigen, Tincknell Meyer & Associates, and WTA Architects 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 Notice of Cancellation (10 Day Notice for nonpayment of premium) applies. (4/18)

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
	GRES O
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