

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2023

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 come	rights to the certificate holder in lieu of	such endorse	ment(s).			
PRODUCER MARSH USA LLC 333 South 7th St., Suite 1400		CONTACT NAME:	Marsh U.S. Operations			
		PHONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 21			2-948-5382	
Minneapolis, MN 55402-2400		E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com				
		INSURER(S) AFFORDING COVERAGE			NAIC#	
INSURED Patterson Dental Supply, Inc.		INSURER A: Starr Indemnity & Liability Company				
		INSURER B : S	16109			
1031 Mendota Heights Road St. Paul, MN 55120		INSURER C:				
St. Paul, MIN 55120		INSURER D:				
		INSURER E:				
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:	CHI-007954	580-36 REV I	SION NUMBER: 3		

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 REDUICED BY PAID CLAIMS

ISR TR	TYPE OF INSURANCE	ADDL INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		1000100137232	11/01/2023	11/01/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,00
						PREMISES (Ea occurrence)	\$	1,000,00
						MED EXP (Any one person)	\$	
	25W 400000					PERSONAL & ADV INJURY	\$	2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	10,000,00
	X POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$	4,000,000
A	AUTOMOBILE LIABILITY		1000198195232 (AOS)	11/01/2022	4410410004	COMPINED OBJECT TO	\$	
Α	X ANY AUTO		, , ,	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000
	OWNED SCHEDULED	1	1000198196232 (MA)	11/01/2023	11/01/2024	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
A							\$	
X	- OCCUR		1000589674231	11/01/2023	11/01/2024	EACH OCCURRENCE	\$	5,000,000
1	CLANVS-IVIADE					AGGREGATE	\$	5,000,000
В	DED X RETENTION \$ 25,000 WORKERS COMPENSATION	\rightarrow	100 0005556 (AOS)	11/01/2023	44/04/0004		\$	
R	AND EMPLOYERS' LIABILITY ANYPROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		` '		11/01/2024	X PER OTH- STATUTE ER		
R I			100 0005558 (FL,MA)	11/01/2023	11/01/2024	E.L. EACH ACCIDENT	\$	1,000,000
- 1			100 0005559 (WI)	11/01/2023	11/01/2024	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
۱ ۰	Workers Compensation		100 0005557	11/01/2023	11/01/2024	Limits		See Above
			(AK,AZ,CT,IA,NJ,NY,NC,TX,VT)					
ESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 101. Additional Remarks Schedule or	ay he attached if	space le ve			

CERTIFICATE HOLDER

Delta College
1961 Delta Road
University Center, MI 48710

Delta Road
ACCORDANCE WITH THE POLICY PROVISIONS.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Marsh USA LLC