

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2024

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 rights to the certificate holder in liquid found and provided the certificate does not confer rights to the certificate holder in liquid found and provided the certificate holder in liquid found to the certificate holder in liquid for the

|   | his certificate does not confer rights   |                      |   | uch end      | dorsement(s  |                            | require an endorsemen                           | ii. A 30                    | atement on |  |  |  |  |  |        |              |               |                |  |       |
|---|--|----------------------|---|--------------|--|----------------------------|---|-----------------------------|------------|--|--|--|--|--|--------|--------------|---------------|----------------|--|-------|
| PRODUCER Marsh & McLennan Agency LLC 309 Webster St. Dayton OH 45402  |  |                      |   |              | CONTACT NAME: PHONE (A/C, No, Ext): 937.228.4135  E-MalL ADDRESS: catherine.schwab@marshmma.com  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              |  |                            |   |                             |            |  |  |  |  |  |        | INS          | URER(S) AFFOI | RDIÑG COVERAGE |  | NAIC# |
|   |  |                      |   |              |  |                            |   |                             |            |  |  |  |  |  | INSURE | RA: Cincinna | iti Indemnity | Company        |  | 23280 |
| AMERLIC American Line Builders Joint Apprenticeship and Training Committee PO Box 370 1900 Lake Road Medway OH 45341-0370 |  |                      |   |              | RB:  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              | INSURER C:   |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              | RD:  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              | RE:  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              | RF:  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| COVERAGES CERTIFICATE NUMBER: 1369948951  |  |                      |   |              | REVISION NUMBER:   |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| II<br>C   | HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RIBERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUIREMI<br>PERTAIN, | ENT, TERM OR CONDITION (<br>, THE INSURANCE AFFORDE | OF ANY       | CONTRACT   | OR OTHER I                 | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT T    | CT TO V                     | WHICH THIS |  |  |  |  |  |        |              |               |                |  |       |
| NSR<br>LTR  | NSR<br>LTR TYPE OF INSURANCE   |                      | ADDL SUBR<br>INSD WVD POLICY NUMBER                 |              | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| Α   | X COMMERCIAL GENERAL LIABILITY   | 11.00                | EPP0134630  |              | 4/19/2024  | 4/19/2025                  | EACH OCCURRENCE                                 | \$ 1,000,000                |            |  |  |  |  |  |        |              |               |                |  |       |
|   | CLAIMS-MADE X OCCUR  |                      |   |              |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)    | \$ 500,000                  |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              |  |                            | MED EXP (Any one person)                        | \$ 5,000                    |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              |  |                            | PERSONAL & ADV INJURY                           | \$ 1,000,                   | .000       |  |  |  |  |  |        |              |               |                |  |       |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                      |   |              |  |                            | GENERAL AGGREGATE                               | \$ 2,000,                   | 000        |  |  |  |  |  |        |              |               |                |  |       |
|   | POLICY PRO- X LOC  |                      |   | Ï            |  |                            | PRODUCTS - COMP/OP AGG                          | \$2,000,000                 |            |  |  |  |  |  |        |              |               |                |  |       |
|   | OTHER:   |                      |   |              |  |                            |   | \$                          |            |  |  |  |  |  |        |              |               |                |  |       |
| Α   | AUTOMOBILE LIABILITY   |                      | EPP0134630  |              | 4/19/2024  | 4/19/2025                  | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000                |            |  |  |  |  |  |        |              |               |                |  |       |
|   | X ANY AUTO   |                      |   |              |  |                            | BODILY INJURY (Per person)                      | NJURY (Per person) \$       |            |  |  |  |  |  |        |              |               |                |  |       |
|   | OWNED SCHEDULED AUTOS ONLY   |                      |   |              |  |                            | BODILY INJURY (Per accident)                    | \$                          |            |  |  |  |  |  |        |              |               |                |  |       |
|   | HIRED NON-OWNED AUTOS ONLY   |                      |   |              |  |                            | PROPERTY DAMAGE (Per accident) \$               |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              |  | \$                         |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| Α   | X UMBRELLA LIAB X OCCUR  |                      | EPP0134630  |              | 4/19/2024  | 4/19/2025                  | EACH OCCURRENCE                                 | \$ 5,000,000                |            |  |  |  |  |  |        |              |               |                |  |       |
|   | EXCESS LIAB CLAIMS-MADE  |                      |   |              |  |                            | AGGREGATE                                       | \$ 5,000,000                |            |  |  |  |  |  |        |              |               |                |  |       |
|   | DED X RETENTION \$ 0   |                      |   |              |  |                            |   | \$                          |            |  |  |  |  |  |        |              |               |                |  |       |
| Α   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N  |                      | EWC047944207  |              | 4/19/2024  | 4/19/2025                  | X PER OTH-<br>STATUTE ER                        |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A                  |   |              |  |                            | E.L. EACH ACCIDENT                              | \$ 1,000,0                  | 000        |  |  |  |  |  |        |              |               |                |  |       |
|   | (Mandatory in NH) If yes, describe under   |                      |   |              |  |                            | E.L. DISEASE - EA EMPLOYEE                      | \$ 1,000,0                  | 000        |  |  |  |  |  |        |              |               |                |  |       |
|   | DÉSCRIPTION OF OPERATIONS below  |                      |   |              |  |                            | E.L. DISEASE - POLICY LIMIT                     |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| Α   | OH Employers Liability   |                      | EPP0134630  |              | 4/19/2024  | 10/2020                    | Limit<br>Hired Car Phys Dam<br>HCPD Deductibles | 1,000,0<br>35,000<br>1K Cor |            |  |  |  |  |  |        |              |               |                |  |       |
| ESC   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL  | ES (ACORI            | D 101, Additional Remarks Schedule                  | e, may be    | attached if more   | space is require           | d)  |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| EF  | RTIFICATE HOLDER   |                      | CANCI   | CANCELLATION |  |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
| Delta College<br>1961 Delta Rd.   |  |                      |   |              | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |
|   |  |                      |   |              | AUTHORIZED REPRESENTATIVE  WHO SHOW THE PROPERTY OF THE PROPER |                            |   |                             |            |  |  |  |  |  |        |              |               |                |  |       |