

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/14/2024

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 lieu of such endorsement(s).

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PRODUCER MARSH USA LLC.		CONTACT NAME: John C. Hurley				
One Towne Square Suite 1100		PHONE (A/C, No, Ext): 313-617-3785 FAX (A/C, No):				
Southfield, MI 48076 Attn: detroit.certrequest@marsh.com		E-MAIL ADDRESS: John.C.Hurley@marsh.com				
, add dd aqabat a ma.odo	•••	INSURER(S) AFFORDING COVERAGE	NAIC #			
CN102397104-STND-GAWUE-23-	MI-Ann MULTI	INSURER A: Hartford Casualty Insurance Company	29424			
INSURED SmithGroup, Inc.		INSURER B: Hartford Fire Insurance Company	19682			
201 Depot Street, Second Floor		INSURER C: Travelers Property Casualty Co. of America	25674			
Ann Arbor, MI 48104-1019		INSURER D: Hartford Insurance Company of the Midwest	37478			
		INSURER E: Lloyd's, Underwriters At London, Sponsoring Syndicates	99998			
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CHI-007395442-98 REVISION NUMBER: 24				

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 SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	Х	CLAIMS-MADE X OCCUR	X	83UUNOL5585	05/15/2024	05/15/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	.,						PREMISES (Ea occurrence)	\$	300,000
	Х	\$0 Deductible / SIR applies					MED EXP (Any one person)	\$	10,000
	Ш						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	Incl. in Gen. Agg.
		OTHER:						\$	
В	AUT	OMOBILE LIABILITY		83UENOL5586	05/15/2024	05/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	Χ	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							COMP./COLL. DED.	\$	1,000
С	Χ	UMBRELLA LIAB X OCCUR		CUP-1S698590-24-NF	05/15/2024	05/15/2025	EACH OCCURRENCE.	\$	1,000,000
	_	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	10,000,000
	-	DED X RETENTION \$ 10,000						\$	
	AND	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N		83WEOL6H7A	05/15/2024	05/15/2025	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/FXFCUTIVE [N/A				E.L. EACH ACCIDENT	\$	1,000,000
0.5							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
_	DÉSC	CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	Architects & Engineers Professional Liability			B0509 FINPA2350118	09/30/2023	09/30/2024	Each Claim/General Agg		5,000,000
							Retention		150,000
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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 ARE ADDITIONAL INSUREDS UNDER GENERAL LIABILITY, BUT ONLY WHERE THEIR INTERESTS MAY APPEAR AND WHEN REQUIRED BY WRITTEN CONTRACT, AS RESPECTS THE SOUTH AND WEST CORE CAMPUS LANDSCAPE PLAN PROJECT. THIS INSURANCE SHALL APPLY AS PRIMARY INSURANCE WITH RESPECT TO ANY OTHER INSURANCE OR SELF-INSURANCE PROGRAMS AFFORDED TO DELTA COLLEGE.

SG PROJECT NOS. 21637/50482/50413/50626/50215

CERTIFICATE HOLDER	CANCELLATION
DELTA COLLEGE ATTN: MR. LARRY RAMSEYER 1961 DELTA RD UNIVERSITY CENTER, MI 48710	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
4	Marsh USA LLC