

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/22/2024

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 Mary Storti c/o Paychex Insuran 150 Sawgrass Drive,	nce Agency, Inc.	CONTACT NAME: PHONE (A/C, No, Ext): (888) 627-4735 (A/C, No): E-MAIL ADDRESS: PEO_WorkComp@paychex.com			
Rochester, NY 14620		INSURER(S) AFFORDING COVERAGE			NAIC#
		INSURER A: American Zurich Insurance Company			40142
Paychex PEO Holdings, LLC Alt. Emp: ESS MIDWEST INC 911 Panorama Trail South Rochester NY 14625		INSURER B:			
		INSURER C:			
		INSURER D :			
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 201161	7 REVISION NUMBER:			
INDICATED. NOTWITHSTA CERTIFICATE MAY BE ISS	T THE POLICIES OF INSURANCE LISTED BELOW ANDING ANY REQUIREMENT, TERM OR CONDITION SUED OR MAY PERTAIN, THE INSURANCE AFFO TIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	ON OF ANY CONTRACT C RDED BY THE POLICIES	R OTHER DOCUMENT DESCRIBED HEREIN	NT WITH RESPECT T	O WHICH THIS
INSR	Anni Supp	POLICY FEE			

LTR TYPE OF INSURANCE (MM/DD/YYYY) (MM/DD/YYYY) LIMITS POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILELIABILITY \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY NON-OWNED HIRFD PROPERTY DAMAGE \$ AUTOS ONLY **AUTOS ONLY** (Per accident) **UMBRELLA LIAB** OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION ✓ PER STATUTE WC 29-38-687-22 AND EMPLOYERS' LIABILITY 06/01/2024 06/01/2025 ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 2,000,000 \$ N N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 2,000,000 Location Coverage Period 06/01/2024 06/01/2025 Client# 300919-MI

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to: ESS MIDWEST INC, 212 KENT ST,
Portland MI 48875

Worksite: 300919-05058B SiteCode: 1198424-05058B at location Delta College @ Dow Chemical for leased employee(s) of ESS MIDWEST, INC.

CERTIFICATE HOLDER	CANCELLATION
Delta College @ Dow Chemical 1961 Delta Road 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.
î	AUTHORIZED REPRESENTATIVE

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