JROBINSON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2024

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.

	this certificate does not confer rights t	ine t	oranoate noider in lieu OI S	CONTACT Jennife				
Ge	neral Agency Company	PHONE (A/C, No, Ext): (989) 817-4265 (A/C, No): (989) 772-			772 1955			
528 Mo	5 E. Broadway ount Pleasant, MI 48858	E-MAIL ADDRESS: jrobinson@ga-ins.com			o):(303)	772-1000		
						ORDING COVERAGE		NAIC#
		INSURER A : EMC Property & Casualty Co				25186		
INS	URED	INSURER B : Employers Mutual Casualty Co				21415		
	Charlton Heston Academy		INSURER C :					
1350 N Saint Helen Rd Saint Helen, MI 48656-9521				INSURER D:				·
				INSURER E :				
				INSURER F:				
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				II.
C	THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RESTRICTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA POLICIE	EMENT, TERM OR CONDITIC IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA DED BY THE POLICE BEEN REDUCED BY	ACT OR OTHE CIES DESCRIE ' PAID CLAIMS	R DOCUMENT WITH RES BED HEREIN IS SUBJECT 3.	PECT TO	WHICH THIS
LTR		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
А	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		4D77645	7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	500,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGO	\$	3,000,000
Α	OTHER:					OOMEDING ONLOGE AND	s	
^	X ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY AUTOS		4E77645	7/1/2024	7/1/2025	BODILY INJURY (Per person)	\$	
						BODILY INJURY Per accident) \$	
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
В	X UMBRELLA LIAB X OCCUR	_					\$	F 000 000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		4J77645	7/1/2024	7/1/2025	EACH OCCURRENCE	\$	5,000,000
	DED X RETENTION\$ 10,000		1077040	77172024	11112023	AGGREGATE Pers/Adv Injury	\$	5,000,000
							\$	5,000,000
			4H77645	7/1/2024	7/1/2025		-	1 000 000
	OFFICER/MEMBER EXCLUDED?	N/A		1	1711/2020		1	
	If yes, describe under							1,000,000
В	Linebacker		4K77645	7/1/2024	7/1/2025		\$	1,000,000
В	Retrodate: 4/27/2012		4K77645	7/1/2024	7/1/2025			3,000,000
B B DESC Delta	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Linebacker Retrodate: 4/27/2012 RIPTION OF OPERATIONS / LOCATIONS / VEHICLE College is an Additional Insured with re		4K77645 4K77645 RD 101, Additional Remarks Schedul o General Liability as respect	e, may be attached if mor s their contract with	7/1/2025	X PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT Per Loss Aggregate		1,000, 1,000, 1,000, 1,000,
ER	TIFICATE HOLDER			CANCELLATION				
	Delta College 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.						
1				AUTHORIZED REPRESENTATIVE Juf B. Reinhordt				