CSANDERSON



## CERTIFICATE OF LIABILITY INSURANCE

6/24/2024

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).

525 E Moun	ral Agency Company	PRODUCER					CONTACT Jennifer Robinson					
Moun	General Agency Company 525 E. Broadway Mount Pleasant, MI 48858					PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-1855						
						E-MAIL jrobinson@ga-ins.com						
INCLID	,				ADDRE		0.043					
INCLID						INSURER(S) AFFORDING COVERAGE INSURER A : EMCASCO Insurance Company				NAIC #		
INSURED					INSURER B : Employers Mutual Casualty Co				21407			
Great Lakes Learning Academy 2875 Eyde Pkwy										21415		
					INSURER C : EMC Property & Casualty Co				25186			
East Lansing, MI 48823-5368						INSURER D :						
					INSURER E :							
COVERAGES CERTIFICATE NUMBER:					INSURER F:							
				E NUMBER:				REVISION NUMBER:				
CER	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY I ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	YEQU PER	REM	IENT, TERM OR CONDITION L. THE INSURANCE AFFORT	N OF A	NY CONTRAC	CT OR OTHE	R DOCUMENT WITH RESP	FOT TO	NAHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP					
A )	COMMERCIAL GENERAL LIABILITY	1130	1110			(MM/DD/YYYY)	(MIM/DD/TTTY)		T	1,000,000		
	CLAIMS-MADE X OCCUR	x		5D89228		7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000		
-		a						MED EXP (Any one person)	\$	10,000		
-	<b>-</b>							PERSONAL & ADV INJURY	\$	1,000,000		
	EN'L AGGREGATE LIMIT APPLIES PER:				- 1			GENERAL AGGREGATE	\$	3,000,000		
- 4	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000		
B: a	OTHER:					41 = 11 +			\$			
D A	UTOMOBILE LIABILITY		5E89228	5E89228	7/1/2024		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
	NITT AUTO					7/1/2024	7/1/2025	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS					* 1		BODILY INJURY (Per accident)	\$			
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		1					PROPERTY DAMAGE (Per accident)	s			
			3						s			
BX	UMBRELLA LIAB X OCCUR	DE		5J89228			7/1/2025	EACH OCCURRENCE	\$	5,000,000		
	EXCESS LIAB CLAIMS-MADE					7/1/2024		AGGREGATE	s	5,000,000		
	DED X RETENTION \$ 10,000							Pers/Adv Injury	s	5,000,000		
C WC	DRKERS COMPENSATION D EMPLOYERS' LIABILITY			5H89228			7/1/2025	X PER STATUTE OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					7/1/2024		E.L. EACH ACCIDENT	s	1,000,000		
								E.L. DISEASE - EA EMPLOYEE		1,000,000		
If y	es, describe under SCRIPTION OF OPERATIONS below									1,000,000		
	nebacker			5K89228		7/1/2024	7/1/2025	E.L. DISEASE - POLICY LIMIT  Each Loss	\$	1,000,000		
B Lir	nebacker			5K89228		7/1/2024		Aggregate		3,000,000		
						.,	77172020	nggregate		3,000,000		

ACORD 25 (2016/03)

**AUTHORIZED REPRESENTATIVE**