

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/18/2024

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.

| thi                                                                                             | SUBROGATION IS WAIVED, subject to<br>is certificate does not confer rights to                                                                 | the cer                               | erms and conditions of t<br>tificate holder in lieu of s                                | uch en                                                                                                                                                         | dorsement(s                                         | olicies may<br>s).                                   | require an endo                                       | orsement                | . A si          | atement on              |  |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|-------------------------|-----------------|-------------------------|--|
| Arthur J. Gallagher Risk Management Services, LLC 300 Ottawa NW Suite 301 Grand Rapids MI 49503 |                                                                                                                                               |                                       |                                                                                         | CONTACT<br>NAME:                                                                                                                                               |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | PHONE (A/C, No, Ext): 616-233-0910 (A/C, No): 616-233-092                                                                                                      |                                                     |                                                      |                                                       |                         |                 | 3-0923                  |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | ADURESS:                                                                                                                                                       |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | INSURER(S) AFFORDING COVERAGE                                                                                                                                  |                                                     |                                                      |                                                       |                         |                 | NAIC#                   |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | INSURER A: Travelers Property Casualty Co of America                                                                                                           |                                                     |                                                      |                                                       |                         |                 | 25674                   |  |
| INSURED Michigan Catholic Conference                                                            |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                | INSURER B:                                          |                                                      |                                                       |                         |                 |                         |  |
| 510 S. Capitol Ave.                                                                             |                                                                                                                                               |                                       |                                                                                         | INSURER C:                                                                                                                                                     |                                                     |                                                      |                                                       |                         |                 |                         |  |
| Lansing MI 48933                                                                                |                                                                                                                                               |                                       | INSURER D:                                                                              |                                                                                                                                                                |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | INSURER E:                                                                                                                                                     |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         | INSURE                                                                                                                                                         | RF:                                                 |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       | E NUMBER: 2014125103                                                                    |                                                                                                                                                                |                                                     |                                                      | REVISION NUM                                          |                         |                 |                         |  |
| INE<br>CE<br>EX                                                                                 | IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIONS OF MAY PECLUSIONS AND CONDITIONS OF SUCH POLICIES OF INSURANCE | JIREME<br>RTAIN,<br>LICIES<br>DLISUBI | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORE<br>LIMITS SHOWN MAY HAVE                 | OF AN                                                                                                                                                          | Y CONTRACT THE POLICIE                              | OR OTHER S DESCRIBE PAID CLAIMS POLICY EXP           | DOCUMENT WITH<br>D HEREIN IS SUE                      | RESPEC                  | T TO<br>ALL     | WHICH THIS              |  |
| LTR                                                                                             | COMMERCIAL GENERAL LIABILITY                                                                                                                  | SD WVD                                | POLICY NUMBER                                                                           |                                                                                                                                                                | (MM/DD/YYYY)                                        | (MM/DD/YYYY)                                         |                                                       |                         | 1.14            |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | EACH OCCURRENCE DAMAGE TO RENTE                       | D                       | \$              | 544 T                   |  |
| +                                                                                               | CLAIMS-MADE OCCUR                                                                                                                             |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | PREMISES (Ea occu                                     |                         | \$              |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | MED EXP (Any one p                                    |                         | \$              |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | PERSONAL & ADV II                                     |                         | \$              |                         |  |
| -                                                                                               | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                            |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | GENERAL AGGREG                                        |                         | \$              |                         |  |
| ŀ                                                                                               | POLICY PRO-                                                                                                                                   |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | PRODUCTS - COMP                                       |                         | \$              |                         |  |
|                                                                                                 | OTHER:                                                                                                                                        |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | COMBINED SINGLE                                       | 1 14 41T                | \$              |                         |  |
| -                                                                                               | AUTOMOBILE LIABILITY                                                                                                                          |                                       | TC2JCAP-9P52891A-TIL-24                                                                 |                                                                                                                                                                | 7/1/2024                                            | 7/1/2025                                             | (Ea accident)                                         |                         | \$ 500,0        | 00                      |  |
| -                                                                                               | X ANY AUTO                                                                                                                                    |                                       |                                                                                         | 1. (25)                                                                                                                                                        |                                                     |                                                      | BODILY INJURY (Pe                                     | Per person) \$          |                 |                         |  |
|                                                                                                 | OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY AUTOS ONLY                                                                              |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | BODILY INJURY (Pe<br>PROPERTY DAMAG<br>(Per accident) |                         | \$<br>\$        |                         |  |
|                                                                                                 | AUTOS ONET                                                                                                                                    |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | Comp Ded \$100                                        |                         | s Coll D        | ed \$250                |  |
|                                                                                                 | UMBRELLA LIAB OCCUR                                                                                                                           |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | EACH OCCURRENC                                        |                         | \$              |                         |  |
| -                                                                                               | EXCESS LIAB CLAIMS-MADE                                                                                                                       |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | AGGREGATE                                             |                         | 100             |                         |  |
| i i                                                                                             | OLA MIO-WINDE                                                                                                                                 |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | AGGNEGATE                                             |                         | \$              | -                       |  |
| v                                                                                               | DED RETENTION S  VORKERS COMPENSATION                                                                                                         | +-                                    |                                                                                         |                                                                                                                                                                |                                                     |                                                      | PER<br>STATUTE                                        | OTH-<br>ER              | \$              |                         |  |
| AN<br>OF                                                                                        | ND EMPLOYERS' LIABILITY V/N                                                                                                                   |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      |                                                       | 100                     |                 |                         |  |
|                                                                                                 | NYPROPRIETOR/PARTNER/EXECUTIVE N/                                                                                                             | A                                     |                                                                                         |                                                                                                                                                                |                                                     |                                                      | E.L. EACH ACCIDEN                                     | 7 3 12                  | \$              |                         |  |
| lf.                                                                                             | Mandatory in NH) yes, describe under                                                                                                          |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      | E.L. DISEASE - EA E                                   | 1 5 S                   |                 |                         |  |
| - 0                                                                                             | ÉSCRIPTION OF OPERATIONS below                                                                                                                | -                                     |                                                                                         |                                                                                                                                                                |                                                     |                                                      | E.L. DISEASE - POLI                                   | CY LIMIT                | \$              |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                |                                                     |                                                      |                                                       | .                       |                 |                         |  |
|                                                                                                 |                                                                                                                                               | U.                                    | A = =                                                                                   |                                                                                                                                                                |                                                     |                                                      |                                                       |                         |                 |                         |  |
| DELT<br>with r                                                                                  | iiPTION OF OPERATIONS / LOCATIONS / VEHICLES<br>FA CO CREDIT UN is shown as additiona<br>respects to automobile physical damage a             | I insure                              | not, additional Hemarks Schedu<br>d per forms CA20011013<br>ence required by written co | e, may be<br>& CAT8<br>ntract. [                                                                                                                               | attached ir more<br>030723 solely<br>Driver: Rick C | space is require<br>y with respect<br>ourier; Vehicl | id)<br>i to automobile lia<br>e: FORD F150; V         | ibility and<br>IN: 1FTF | loss p<br>X1ET5 | ayee solely<br>BFC56570 |  |
| ERTIFICATE HOLDER                                                                               |                                                                                                                                               |                                       |                                                                                         |                                                                                                                                                                | CANCELLATION                                        |                                                      |                                                       |                         |                 |                         |  |
| Delta Co Credit Un                                                                              |                                                                                                                                               |                                       |                                                                                         | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                                     |                                                      |                                                       |                         |                 |                         |  |
|                                                                                                 | 1961 DELTA RD                                                                                                                                 |                                       |                                                                                         |                                                                                                                                                                | AUTHORIZED REPRESENTATIVE                           |                                                      |                                                       |                         |                 |                         |  |
| University Center MI 48710                                                                      |                                                                                                                                               |                                       |                                                                                         | AUTHORIZED REPRESENTATIVE                                                                                                                                      |                                                     |                                                      |                                                       |                         |                 |                         |  |



1961 DELTA RD University Center, MI 48710



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- 3. Insured Code: MICHCAT-02
- 4. This Certificate Number: 2014125103

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