Client#: 10743 REMPL1

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/17/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not comer any rights to the certificate holder in fied to	or such endorsement(s).				
PRODUCER	CONTACT Toni L. Claerhout				
Saginaw Bay Underwriters	PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):  E-MAIL ADDRESS: tclaerhout@sbuins.com				
1258 S. Washington					
P. O. Box 1928	INSURER(S) AFFORDING COVERAGE NAIC #				
Saginaw, MI 48605	INSURER A: Frankenmuth Insurance Company				
INSURED	INSURER B : Accident Fund Insurance Co. of America				
Remer Plumbing and Heating, Inc. 5565 State St	INSURER C:				
	INSURER D:				
Saginaw, MI 48603-1569	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 SUI	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
Α	Χ	COMMERCIAL GENERAL LIABILITY	INCIN IV	CPP6694747	, ,	, ,	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X	PD Ded:1,000					MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						\$
Α	AUT	OMOBILE LIABILITY		BA6694746	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
Α		UMBRELLA LIAB OCCUR		6694747	07/01/2024	07/01/2025	EACH OCCURRENCE	\$8,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$8,000,000
		DED X RETENTION \$10000						\$
В		RKERS COMPENSATION		WCP100041898	07/01/2024	07/01/2025	X PER STATUTE OTH-	
	AND EMPLOTERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)		N/ A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	A Leased/Rented			CPP6694747	07/01/2024	07/01/2025	\$200,0000 Limit	
	Equipment						\$500 Deductible	

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

Project: AHU-33 VA V Box and Controls Replacement

Delta College, its elected and appointed officials, employees, students, volunteers and agents are named as Additional Insured with respects to the General Liability. (8/21)

CERTIFICATE HOLDER	CANCELLATION			
Delta College 1961 Delta Rd Office P029	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
University Center, MI 48710	AUTHORIZED REPRESENTATIVE			
	GBE O			
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