Client#: 10743 REMPL1							
ACORD. CERT	LITY 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).							
PRODUCER CONTACT Toni L. Claerhout							
Saginaw Bay Underwriters	NAME: FOR L: Crateriout PHONE FAX (A/C, No, Ext): 989 752-8600 (A/C, No):						
1258 S. Washington			E-MAIL ADDRESS: tclaerhout@sbuins.com				
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.			INSURER C :				
5565 State St Saginaw, MI 48603-1569			INSURER D :				
Saginaw, Mi 40005-1303			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	E ADDL SUBR INSR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		MITS	
A X COMMERCIAL GENERAL LIABILITY		CPP6694747			EACH OCCURRENCE	\$1,000,000	
CLAIMS-MADE X OCCUR				-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00	0,000
X PD Ded:1,000					MED EXP (Any one person)	\$10,000	
					PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				-	GENERAL AGGREGATE	\$2,00	
					PRODUCTS - COMP/OP AGG	\$ \$ 2,000,000 \$	
A AUTOMOBILE LIABILITY X ANY AUTO		BA6694746	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000,000	
OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
A UMBRELLA LIAB OCCUR	EXCESS LIAB CLAIMS-MADE		07/01/2024	07/01/2025	EACH OCCURRENCE	\$8,000,000	
GEAIMO-MADE					AGGREGATE	\$8,000,000	
DED X RETENTION \$10000 B WORKERS COMPENSATION		WCP100041898	07/01/2024	07/01/2025			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		WCF 100041090	0770172024	0770172023	STATUTE ER E.L. EACH ACCIDENT	\$ 1,000,000	
OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N / A				E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below				-	E.L. DISEASE - POLICY LIMIT	\$1,000	,
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: NATATORIUM AIR HANDLING UNIT 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	CANCELLATION					
Delta College 1961 Delta Rd			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Office P029 University Center, MI 48710			AUTHORIZED REPRESENTATIVE				
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