UPLIMIC-01

CSANDERSON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/23/2024

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

	his Duc	UBROGATION IS WAIVED, subjicertificate does not confer rights	to th	e cer	tificate holder in lieu of s	uch end	orsement(s).				
General Agency Company 525 E. Broadway Mount Pleasant, MI 48858 INSURED Uplift Michigan Academy W526 Division Street Stephenson, MI 49887						CONTACT Jennifer Robinson PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-1855						
						E-MAIL	e. irobinso	o 17-4265 n@ga-ins.		:(909)	//2-1800	
						INSURER(S) AFFORDING COVERAGE				NAIC#		
						INSURER A : Employers Mutual Casualty Co				21415		
									Casualty Co		25186	
						INSURER	C:					
						INSURER	D:					
						INSURER E :						
						INSURER	F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER: N HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
C	ERT XCL	IS TO CERTIFY THAT THE POLICISATED. NOTWITHSTANDING ANY ITERIOR OF MAY USIONS AND CONDITIONS OF SUCH	PEF POL	RTAIN ICIES	IENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RE	IY CONTRAI THE POLICEDUCED BY	CT OR OTHE	R DOCUMENT WITH RESP	ロヘエ エク	MALICE TUIC	
LTR	TYPE OF INSURANCE			SUBF	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP	LIMI	TS		
Α	X	X COMMERCIAL GENERAL LIABILITY						7/1/2025	EACH OCCURRENCE	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC				6D46187		7/1/2024		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
				1			. [GENERAL AGGREGATE	\$	3,000,000	
	^	OTHER:					-		PRODUCTS - COMP/OP AGG	s	3,000,000	
A	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Es accident)	s	1,000,000	
	ANY AUTO OWNED AUTOS ONLY AUTOS				6E46187		7/1/2024	7/1/2025	BODILY INJURY (Per person)	5		
									BODILY INJURY (Per accident)	s		
	X	AUTES ONLY X NOTES WHER				1			PROPERTY DAMAGE (Per accident)	\$		
										s		
	X	UMBRELLA LIAB X OCCUR	1 1						EACH OCCURRENCE	\$	4,000,000	
	DED X RETENTIONS 10,000				6J46187	//1/202	7/1/2024	7/1/2025	AGGREGATE	\$	4,000,000	
	, , , , , , , , , , , , , , , , , , , ,			-					Pers/Adv Injury	S	4,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				6H46187		7/1/2024	7/1/2025	X PER OTH-		4 000 000	
							77172024	77172023	E.L. EACH ACCIDENT	\$	1,000,000	
_						1			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
Α	Line	ebacker			6K46187	-	7/1/2024	7/1/2025	E.L. DISEASE - POLICY LIMIT Occurrence	\$	1,000,000	
A	Line	ebacker			6K46187		7/1/2024		Aggregate		3,000,000	
DESC	RIPTI	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	e, may be a	itached if more	space is require	ed)			
CER	TIF	ICATE HOLDER				CANCE	LATION					
						SHOUL	D ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELL	ED BEFORE	
Delta College 1961 Delta Rd University Center, MI 48710						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE						
						Genf. B. Reinhardt						