

ACORD

CERTIFICATE OF LIABILITY INSURANCE

KSCHAFFNER

DATE (MM/DD/YYYY) 8/13/2024

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). CONTACT Karen Schaffner, CIC David Chapman Agency, Inc. P.O. Box 30109 PHONE (A/C, No, Ext): (517) 319-8237 FAX (A/C, No): (517) 321-9443 E-MAIL ADDRESS: kschaffner@davidchapmanagency.com Lansing, MI 48909 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: West Bend Mutual Insurance Company 15350 INSURED INSURER B: Michigan Insurance Company 10857 US Sheet Metal, Inc. INSURER C: 3200 Enterprise Dr INSURER D: Saginaw, MI 48603 INSURER E: INSURER F:

COVERAGES CEI			RTIFICATE 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.									
INSF	TYPE OF INSURANCE	ADDL:	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		-		TWIN SET LITTLE	THE STATE OF THE S	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			B438799	8/21/2024	8/21/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	5,000
						j	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				!		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-				1		PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY				8/21/2024		COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO			B438799		8/21/2025	BODILY INJURY (Per person)	s	
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							.4	\$	
Α	X UMBRELLA LIAB X OCCUR			B438799	8/21/2024		EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE					8/21/2025	AGGREGATE	\$	5,000,000
_	DED RETENTION \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1			X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1000034072	8/21/2024	8/21/2025	E.L. EACH ACCIDENT	\$	1,000,000
				l J			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
					1				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A)	COPD	101 Additional Pomarke Schodulo, may h	o attached if mor	o enaco le roquir	od)		
DLO	MARTION OF OPERATIONS / ESCATIONS / VEHICL	ES (AC	JORD	101, Additional Remarks Schedule, may be	s attached if filore	e space is require	su)		
									1

CERTIFICATE HOLDER	CANCELLATION
Delta College 1961 Delta Rd University Center, MI 48710	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, wii 40710	AUTHORIZED REPRESENTATIVE