

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/16/2023

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).

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PRODUCER	CONTACT NAME:					
MARSH USA LLC. One Towne Square Suite 1100	PHONE (A/C, No. Ext):	FAX (A/C, No):				
Southfield, MI 48076	E-MAIL ADDRESS:					
Attn: detroit.certrequest@marsh.com	AUUNESS:					
·	INSURER(S) AFFORDING COVERAGE	NAIC #				
CN102397104-STND-GAWUE-22- MI-Ann MULTI	INSURER A: Hartford Casualty Insurance Company	29424				
INSURED SmithGroup, Inc.	INSURER B: Hartford Fire Insurance Company	19682				
201 Depot Street, Second Floor	INSURER C: Travelers Property Casualty Co. of America	25674				
Ann Arbor, MI 48104-1019	INSURER D: Hartford Insurance Company of the Midwest	37478				
	INSURER E: Lloyd's, Underwriters At London	99998				
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: CHI-007395442-95 REVISION NUMBER: 24

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 S	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	гs	
A	Х	COMMERCIAL GENERAL LIABILITY	Х		83UUNOL5585	05/15/2023	05/15/2024	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	X	\$0 Deductible / SIR applies	-					MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	Incl. in Gen. Agg.	
		OTHER:							\$	
В	AUTOMOBILE LIABILITY			83UENOL5586	05/15/2023	05/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							COMP./COLL. DED.	\$	1,000	
С	Χ	UMBRELLA LIAB X OCCUR		CUP1S	CUP1S69859023NF	05/15/2023	05/15/2024	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY		- i	83WEOL6H7A	05/15/2023	05/15/2024	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		AZ, CA, CO, CT, DC, DE, FL, GA, ID,			E.L. EACH ACCIDENT	\$	1,000,000	
	(Man	datory in NH)	N/A		IL, IN, KY, MA, MI, MO, NJ, NY, OR,			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
lf y Dé	If yes	, describe under CRIPTION OF OPERATIONS below			SC, SD, PA, TX, VA, WI			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	Arch	tects & Engineers			B0509FINPA2250125	09/15/2022	09/30/2023	Each Claim/General Agg		5,000,000
	Profe	essional Liability						Retention		150,000
		,								

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

DELTA COLLEGE, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, STUDENTS, VOLUNTEERS, AND AGENTS ARE ADDITIONAL INSUREDS UNDER GENERAL LIABILITY, BUT ONLY WHERE
THEIR INTERESTS MAY APPEAR AND WHEN REQUIRED BY WRITTEN CONTRACT, AS RESPECTS THE SOUTH AND WEST CORE CAMPUS LANDSCAPE PLAN PROJECT. THIS INSURANCE SHALL
APPLY AS PRIMARY INSURANCE WITH RESPECT TO ANY OTHER INSURANCE OR SELF-INSURANCE PROGRAMS AFFORDED TO DELTA COLLEGE.

SG PROJECT NOS. 21637/50482/50413/50626/50215

	Marsh USA LLC
	AUTHORIZED REPRESENTATIVE
DELTA COLLEGE ATTN: MR. LARRY RAMSEYER 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.
CERTIFICATE HOLDER	CANCELLATION