Client#: 19573 GRELA74

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2021

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 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).

		The state of the s			
PRODUCER		CONTACT NAME:			
Saginaw Bay Underwriters CL 1258 S. Washington P.O. Box 1928 Saginaw, MI 48605		PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):			
		AUC, NO, EXT): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:			
		INSURER(S) AFFORD	NAIC#		
Great Lakes Bay Health Centers		INSURER A : Cincinnati Insurance Co			
	•	INSURER B : Accident Fund Insurance			
501 Lapeer Ave		INSURER C :			
Saginaw, Mi 48	48607-1208	INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	REVIS	ION 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.									
INS	7	ADDL SUBR		POLICY EFF	POLICY EXP	LIMIT	rs		
A	GENERAL LIABILITY		ECP0337767	07/01/2021	07/01/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$10,000		
1						PERSONAL & ADV INJURY	\$1,000,000		
1				1		GENERAL AGGREGATE	\$2,000,000		
1	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000		
ᆫ	POLICY PRO- JECT LOC						\$		
A	AUTOMOBILE LIABILITY		EBA0026814	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO					BODILY INJURY (Per person)	s		
	X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
	X NON-OWNED AUTOS						\$		
							\$		
Α	X UMBRELLA LIAB X OCCUR		ECP0337767	07/01/2021	07/01/2024	EACH OCCURRENCE	\$2,000,000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000		
	DEDUCTIBLE						\$		
	X RETENTION \$ 0						\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV6130268	07/01/2021	07/01/2022	X WC STATU- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$500,000		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						s500,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Delta College, a Michigan Community College its elected and appointed officials, employees, students, agents and volunteers are Additional Insured with respects to the General Liability and Umbrella Liability.
30 Day Notice of Cancellation (10 Day Notice for Nonpayment of premium) applies. (8/20)

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.			
	AUTHORIZED REPRESENTATIVE			
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