

DATE (MW/DD/YYYY) 6/11/2023

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).

th	nis certifi	icate does not confer rights t	o the cer	tificate holder in lieu of s	uch en	dorsement(s).				
PRODUCER Arthur J. Gallagher Risk Management Services, LLC						NAME: PHONE (A/C, No, Ext): 517-492-1380 (A/C, No): 517-492-1382					
30	0 Ottawa				E-MAIL	o, Ext): 317-49.	2-1380	(A/C, No):	517-497	2-1382	
	ite 301	nide MI 49503			ADDRE	and the second second			84	NAIC#	
Grand Rapids MI 49503						INSURER(S) AFFORDING COVERAGE					
						INSURER A : Middle Cities Risk Management Trust					
INSURED Middle Cities Risk Management Trust						INSURER B :					
Th	e Schoo	I District of the City of Sagir	naw		INSURER C:						
	0 Millard				INSURE	RD:				_	
Sa	ginaw M	11 46007		and the second s	INSURE	RE:					
					INSURER F:					<u> </u>	
	VERAGE			E NUMBER: 1946428265				REVISION NUMBER:	ur pou	1014 DEDIOD	
IIV	IDICATED ERTIFICA	D CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RE ITE MAY BE ISSUED OR MAY NS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO \	WHICH THIS	
INSR LTR	100	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
. A		MERCIAL GENERAL LIABILITY		MCRMT07012023		7/1/2023	7/1/2024	EACH OCCURRENCE	\$2,000	,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0		
	X Agg	applies per			. A.			MED EXP (Any one person)	\$		
	V	Aply per Mem						PERSONAL & ADV INJURY	\$1,000	,000	
		GREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000	.000	
	X POL	ICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 1,000 \$		
A	OTH	IER: BILE LIABILITY		MCRMT07012023		7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	000	
Μ.	-	AUTO		WCRW107012023		77172023	11112024	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	,000	
	OWN	1 11 11 11								177	
	AUT	OS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	-		
		OS ONLY AUTOS ONLY						(Per accident)	\$		
_									.\$		
	-	BRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXC	ESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED							DED LOTH	\$		
		S COMPENSATION LOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
	ANYPROP	RIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	The second	
	(Mandator	ry in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPT	cribe under TION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
Α		ical Damage ensive & Collision		MCRMT07012023		7/1/2023	7/1/2024	Deductible	\$1,00	0,	
Mic MC Mic	Idle Cities RMT070 Idle Cities	of operations/Locations/Vehicles Risk Management Trust is a control of the second of t	qualified a	nd approved self-insurance nd approved self-insurance	fund u	nder the laws	of the State	of Michigan. Additional In of Michigan. Additional In	sured fo	rm number	
CE	RTIFICA	TE HOLDER			CANO	ELLATION				=	
,2.		Delta College	i e e e e e e e e e e e e e e e e e e e		SHO THE	ULD ANY OF	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL EY PROVISIONS.			
		1961 Delta Road	. 31 1 - 1		Alleria	DIZED DESDECT	NTATIVE	<u>in ang ing tingkala at</u> Manakanang takanan at ing			
		University Center MI 48710 USA	٠ ر			RIZED REPRESE					



DATE (MM/DD/YYYY) 6/11/2023

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.

lf :	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t is certificate does not confer rights to	o the ter	ms and conditions of the police	y, certain po	olicies may	IAL INSURED provision require an endorsemen	s or be endorsed. t. A statement on		
PROD	DUCER		CONTA NAME:						
300	nur J. Gallagher Risk Management S) Ottawa NW te 301	services,	(A/C, No E-MAIL	PHONE (A/C, No, Ext): 517-492-1380 FAX (A/C, No): 517-4 E-MAIL ADDRESS:					
Gra	and Rapids MI 49503			INSURER(S) AFFORDING COVERAGE					
			INSURE	RA: Middle C	ities Risk Ma	nagement Trust			
INSU			INSURE	RB:					
	Idle Cities Risk Management Trust It Community Schools		INSURE	RC:					
	B E. Kersley		INSURE	RD:					
flint	MI 48503-1900		INSURE	RE:					
			INSURE	RF:					
COV	/ERAGES CERT	IFICATE	NUMBER: 1709613940	. P. M. S. T. S. T. S.	· .	REVISION NUMBER:			
11324,3134			AY HAVE BEEN REDUCED BY POLICY EFF (MM/DD/YYYY)		LIMITS EACH OCCURRENCE \$2,000,000				
	CLAIMS-MADE X OCCUR	1	[전 기업 기업 전 보면 다음하다]			PREMISES (Ea occurrence)	\$ 100,000		
	X Agg applies per					MED EXP (Any one person)	\$		
	X Agg Aply per Mem					PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			1 444.4		GENERAL AGGREGATE	\$4,000,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$		
Α	AUTOMOBILE LIABILITY		MCRMT07012023	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT	\$ 1,000,000		
	X ANY AUTO					BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED					BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY		[. Programme and	PROPERTY DAMAGE (Per accident)	\$		
	No reconstruction		[\$ 19		
	UMBRELLA LIAB OCCUR		6.50			EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED DETENTION :						\$		

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

Middle Cities Risk Management Trust is a qualified and approved self-insurance fund under the laws of the State of Michigan. Additional Insured form number MCRMT07012023. SIR \$750,000

Delta College as additional insured as their interest appears to Flint Community School District's use of facilities and equipment during the current coverage period.

CERTIFICATE HOLDER	CANCELL ATION	

MCRMT07012023

Delta College 1961 Delta Road University Center MI 48710 USA SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

PER STATUTE

E.L. EACH ACCIDENT \$
E.L. DISEASE - EA EMPLOYEE \$

Deductible

E.L. DISEASE - POLICY LIMIT

\$1,000

AUTHORIZED REPRESENTATIVE

7/1/2023

7/1/2024

© 1988-2015 ACORD CORPORATION. All rights reserved.

WORKERS COMPENSATION

Auto Physical Damage Comprehensive & Collision

AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?
(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below



DATE (MM/DD/YYYY)

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.

_	nis certificate does not confer rights t	o the ce	itilicate noider in neu or s	CONTACT					
Ar 30	hur J. Gallagher Risk Management 0 Ottawa NW	Service	NAME: PHONE (A/C, No, Ext): 517-492-1380 FAX (A/C, No): 517-492-1382 E-Mail						
	ite 301 and Rapids MI 49503			ADDRESS:					
"	and Adples in 45000			INSURER(S) AFFORDING COVERAGE					NAIC#
INSI	JRED			INSURER A: Middle Cities Risk Management Trust					
	ddle Cities Risk Management Trust			INSURER B:					
	y City Public Schools			INSURER C:					
	1 Blend Street y City MI 48706			INSURER D: INSURER E:					
	y only in ronds				The second second				
CO	VERAGES CER	TIEICAT	TE NUMBER: 1309904887	INSURE	:н		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES			VE BEE	N ISSUED TO	THE INSURI		HE POL	ICY PERIOD
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREM PERTAIN POLICIES	IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL SUB INSD WV		10 mm	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMO	rs	
Α	X COMMERCIAL GENERAL LIABILITY	Y	MCRMT07012023		7/1/2023	7/1/2024	EACH OCCURRENCE	\$2,000	,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
	X Agg applies per						MED EXP (Any one person)	\$	
	X Agg Aply per Mem						PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		Section 4				GENERAL AGGREGATE	\$4,000	,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 1,000	,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY	·Y	MCRMT07012023		7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED						BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION	-					PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y/N						STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		
A	Auto Physical Damage		MCRMT07012023		7/1/2023	7/1/2024	E.L. DISEASE - POLICY LIMIT Deductible	\$1,000	0
	Comprehensive & Collision		MONWYO		11112020	17172024	Doddon Die		
Mic	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Idle Cities Risk Management Trust is a q RMT07012023. SIR \$750,000	ES (ACOR ualified a	ID 101, Additional Remarks Schedu and approved self-insurance	le, may be fund u	e attached if more	e space is requir of the State	ed) of Michigan. Additional Ins	sured fo	rm number
MC	dle Cities Risk Management Trust is a q RMT07012023. Delta College as Additio eation areas for the current school year	ınal İnsul	and approved self-insurance red as their interest appears	fund ui to Bay	nder the laws City Public S	of the State chools' practi	of Michigan. Additional Insces, meets, as well as the	sured for use of	rm number pool and
CE	RTIFICATE HOLDER			CANCELLATION					
	Delta College 1961 Delta Road			SHO THE	ULD ANY OF 1 EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		

© 1988-2015 ACORD CORPORATION. All rights reserved.

USA

University Center MI 48710

AUTHORIZED REPRESENTATIVE



DATE (MW/DD/YYYY) 6/11/2023

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).

this certificate does not confer rights to the certificate holder in lieu of se	uch endorsement(s).
PRODUCER	CONTACT NAME:
Arthur J. Gallagher Risk Management Services, LLC 300 Ottawa NW	PHONE (A/C, No, Ext): 517-492-1380 FAX (A/C, No): 517-492-1382
Suite 301	E-MAIL ADDRESS:
Grand Rapids MI 49503	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Middle Cities Risk Management Trust
INSURED Middle Cities Bigly Management Trust Boy City Buld	INSURER B:
Middle Cities Risk Management Trust Bay City Publ 910 N. Walnut	INSURER C:
Bay City, MI 48706	INSURER D:
	INSURER E:
	INSURER F:
COVERAGES CERTIFICATE NUMBER: 53898232	REVISION NUMBER:

ADDL SUBR POLICY EFF MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSD WVD **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) Х MCRMT07012023 7/1/2023 7/1/2024 \$2,000,000 CLAIMS-MADE X OCCUR \$100,000 X Agg applies per MED EXP (Any one person) X PERSONAL & ADV INJURY \$1,000,000 member GEN'L AGGREGATE LIMIT APPLIES PER: \$4,000,000 GENERAL AGGREGATE X POLICY \$2,000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY MCRMT07012023 \$1,000,000 7/1/2023 7/1/2024 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EACH OCCURRENCE **OCCUR** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Auto Physical Damage Comprehensive & Collision \$1,000 MCRMT07012023 7/1/2023 7/1/2024 Deductible

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

Middle Cities Risk Management Trust is a qualified and approved self-insurance fund under the laws of the State of Michigan. Additional insured form number MCRMT07012023. SIR \$750,000

Delta College as an additional insured as their interest appears for Bay City Public Schools use of tennis courts and cross country course during the current academic year.

CERTIFICATE HOLDER	CANCELLATION
Delta College 1961 Delta Road	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 MI 48710	AUTHORIZED REPRESENTATIVE