



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/29/2023

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).

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Services South, Inc.<br>Charlotte NC Office<br>1111 Metropolitan Avenue, Suite 400<br>Charlotte NC 28204 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122    |  | <b>FAX (A/C. No.):</b> (800) 363-0105 |
|  | <b>E-MAIL ADDRESS:</b>  |  |                                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |  | <b>NAIC #</b>                         |
| <b>INSURED</b><br>Duke Renewables Services, LLC<br>525 South Tryon Street<br>Mail Code: 5T30INS<br>Charlotte NC 28202 USA                | <b>INSURER A:</b> The First Liberty Insurance Corporation 33588 |  |                                       |
|  | <b>INSURER B:</b>   |  |                                       |
|  | <b>INSURER C:</b>   |  |                                       |
|  | <b>INSURER D:</b>   |  |                                       |
|  | <b>INSURER E:</b>   |  |                                       |
|  | <b>INSURER F:</b>   |  |                                       |

**COVERAGES**      **CERTIFICATE NUMBER:** 570101279254      **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.      **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|--|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |  |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG   |
|          | <b>AUTOMOBILE LIABILITY</b><br><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY      |           |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY ( Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION   |           |          |  |                         |                         | EACH OCCURRENCE<br>AGGREGATE   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WC6641443955023<br>Non Self-Insured States<br>NC, SC, OH, IN, FL, TN & KY<br>Self-Insured States | 09/01/2023              | 09/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT    \$2,000,000<br>E.L. DISEASE-EA EMPLOYEE    \$2,000,000<br>E.L. DISEASE-POLICY LIMIT    \$2,000,000 |

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

### CERTIFICATE HOLDER

### CANCELLATION

Delta College Business Services  
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.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services South, Inc.*

Holder Identifier :

Certificate No : 570101279254



# ADDITIONAL REMARKS SCHEDULE

|   |           |  |  |
|---|-----------|--|--|
| AGENCY<br>Aon Risk Services South, Inc.               |           | NAMED INSURED<br>Duke Renewables Services, LLC |  |
| POLICY NUMBER<br>See Certificate Number: 570101279254 |           |  |  |
| CARRIER<br>See Certificate Number: 570101279254       | NAIC CODE | EFFECTIVE DATE:                                |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Addendum:**

**Self-Insured Coverages:**

Workers Compensation/Employers Liability: The Insured is Self-Insured in the following States: NC, SC, OH, IN, FL, TN and KY with EL Limit of \$1,000,000 Each Accident, \$1,000,000 Disease - Each Employee, \$1,000,000 Disease - Policy Limit.