



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2023

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).


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| <b>PRODUCER</b><br>Emil Rummel Agency, Inc.<br>522 S Main St<br>Frankenmuth, MI 48734     | <b>CONTACT NAME:</b> Tiffany Hammerbacher<br><b>PHONE (A/C, No, Ext):</b> (989) 652-6104 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> thammerbacher@rummelinsurance.com   |
| <b>INSURED</b><br>Nuechterlein Electric, Inc.<br>304 List Street<br>Frankenmuth, MI 48734 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Frankenmuth Insurance Company <b>NAIC #</b> 13986<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

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| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
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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 SUBR |     | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |              |
|----------|--|-----------|-----|---------------|-------------------------|-------------------------|--|--------------|
|          |  | INSD      | WVD |               |                         |                         |  |              |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X         | X   | 6671151       | 1/1/2024                | 1/1/2025                | EACH OCCURRENCE  | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | MED EXP (Any one person)   | \$ 10,000    |
|          |  |           |     |               |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | GENERAL AGGREGATE  | \$ 2,000,000 |
|          |  |           |     |               |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |
|          |  |           |     |               |                         |                         |  | \$           |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           | X   | 6671150       | 1/1/2024                | 1/1/2025                | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | BODILY INJURY (Per person)   | \$           |
|          |  |           |     |               |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          |  |           |     |               |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          |  |           |     |               |                         |                         |  | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           | X   | 6671151       | 1/1/2024                | 1/1/2025                | EACH OCCURRENCE  | \$ 5,000,000 |
|          |  |           |     |               |                         |                         | AGGREGATE  | \$ 5,000,000 |
|          |  |           |     |               |                         |                         |  | \$           |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |     | N/A           | X                       | 6671149                 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | E.L. EACH ACCIDENT   | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000 |
|          |  |           |     |               |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000 |

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 its agents are additional insured on the General Liability per form 18202 primary and non contributory per and waiver per form 19217. Auto waiver applies per form 97240, workers comp waiver per form WC0003. Umbrella is follow form. 30 day notice

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| <b>CERTIFICATE HOLDER</b><br>Delta College<br>1961 Delta Rd.<br>University Center, MI 48710 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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