



# CERTIFICATE OF LIABILITY INSURANCE

1/1/2025

DATE (MM/DD/YYYY)

12/29/2023

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).

|  |   |                |
|--|---|----------------|
| PRODUCER<br>Lockton Companies<br>1185 Avenue of the Americas, Suite 2010<br>New York NY 10036<br>646-572-7300                          | CONTACT NAME:                                       |                |
|  | PHONE (A/C, No, Ext):                               | FAX (A/C, No): |
|  | E-MAIL ADDRESS:                                     |                |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                |                |
|  | INSURER A : ACE American Insurance Company          | NAIC # 22667   |
| INSURED<br>1069518 PEPSI-COLA METROPOLITAN BOTTLING COMPANY, INC.<br>PEPSICO, INC.<br>1111 WESTCHESTER AVENUE<br>WHITE PLAINS NY 10604 | INSURER B : ACE Fire Underwriters Insurance Company | 20702          |
|  | INSURER C : Indemnity Insurance Co of North America | 43575          |
|  | INSURER D :   |                |
|  | INSURER E :   |                |
|  | INSURER F :   |                |

**COVERAGES** PEPSI01b      **CERTIFICATE NUMBER:** 10985530      **REVISION NUMBER:** XXXXXXXX

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 INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY)          | POLICY EXP (MM/DD/YYYY)          | LIMITS  |
|-------------|--|-----------|----------|--|----------------------------------|----------------------------------|---|
| A           | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | N         | N        | HDO G47355138  | 1/1/2024                         | 1/1/2025                         | EACH OCCURRENCE \$ 5,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000<br>MED EXP (Any one person) \$ Excluded<br>PERSONAL & ADV INJURY \$ 5,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 5,000,000<br>\$ |
| A           | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           | N         | N        | ISA H10765924  | 1/1/2024                         | 1/1/2025                         | COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX  |
|             | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          | NOT APPLICABLE   |                                  |                                  | EACH OCCURRENCE \$ XXXXXXXX<br>AGGREGATE \$ XXXXXXXX<br>\$ XXXXXXXX   |
| C<br>A<br>B | <input checked="" type="checkbox"/> <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      | WLR C54509704 (AOS)<br>WLR C54509753 (AZ)<br>SCF C54509807 (WI)                | 1/1/2024<br>1/1/2024<br>1/1/2024 | 1/1/2025<br>1/1/2025<br>1/1/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 5,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 5,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 5,000,000   |
| A<br>A<br>A | Excess Workers Compensation  | N         | N        | WCU C54509959 (PCMB-OH)<br>WCU C54510044 (PCMB-WV)<br>WCU C54509893 (FL-OH&WA) | 1/1/2024<br>1/1/2024<br>1/1/2024 | 1/1/2025<br>1/1/2025<br>1/1/2025 | WC Statutory Limits<br>\$5,000,000 each accident<br>\$5,000,000 each ee for disease   |

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

### CERTIFICATE HOLDER

### CANCELLATION See Attachment

**10985530**  
DELTA COLLEGE  
ATTN: BARBARA WEBB  
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



DELTA COLLEGE [Holder Name 2]  
1961 DELTA RD.  
UNIVERSITY CENTER, MI 48710

Dear PEPSI-COLA METROPOLITAN BOTTLING COMPANY, INC. certificate holder:

In an effort to meet demand for instant electronic delivery of certificates, Lockton Companies now provides paperless delivery of Certificates of Insurance. Thank you for your patience and willingness to help us lessen our environmental footprint.

To fulfill your certificate delivery, we need your email address. Please contact us via one of the methods below with your Holder ID number, email address, and phone number in the event we have any questions.

**Your Holder ID number is 10985530.**

- Email: [PepsiCoCerts@lockton.com](mailto:PepsiCoCerts@lockton.com)
- Toll-free automated phone service: 866-218-4018

If this certificate is no longer needed or valid, please notify us.

Thank you,

Lockton Companies