Client#: 19117

 $ACORD_{\scriptscriptstyle{ iny M}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/19/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Tracy Schultz				
Saginaw Bay Underwriters	PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):				
1258 S. Washington	E-MAIL ADDRESS: tschultz@sbuins.com				
P. O. Box 1928	INSURER(S) AFFORDING COVERAGE	NAIC #			
Saginaw, MI 48605	INSURER A : Amerisure				
J.R. Heineman & Sons, Inc 1224 N. Niagara St	INSURER B : Accident Fund Insurance Co. of America				
	INSURER C: Chubb/Pacific Ins. Group				
	INSURER D :				
Saginaw, MI 48602-6544	INSURER E :				
	INSURER F:				

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CEPTIEV THAT	T THE DOLLOIES OF INSLIDANCE LISTED BELOW HAVE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE BOLK			

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR			CPP13105302902	02/01/2024		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000.000
	X							MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
1		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
A	AU1	COMOBILE LIABILITY			CA131052926	02/01/2024	02/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
1	X							BODILY INJURY (Per person)	\$
1		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$	
Α	X	UMBRELLA LIAB X OCCUR		CU1310531260	02/01/2024	02/01/2025	EACH OCCURRENCE	\$10,000,000	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION \$10000						\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY		AFWCP100	AFWCP1000057	02/01/2024	02/01/2025	X PER OTH-	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				-	E.L. EACH ACCIDENT	\$500,000	
	(Mandatory in NH)				`			E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes, o		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
С	Lea	ased/Rented			06639143	02/01/2024	02/01/2025	\$150,000 Limit	
	Eq	uipment						\$2,500 deductible	

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

Project: #2015090 Delta College A, G & K Wing Entrance Vestibules

Delta College, its elected and appointed officials, employees, students, volunteers, and agents shall be included as Additional Insured with respects to the General Liability the Commercial Automobile and the Commercial Umbrella policies on a primary and non contributory basis. A waiver of subrogation in favor of the additional insureds applies to the General Liability, Commercial Auto and the Workers Compensation. 30 Day Notice of Cancellation (10 Day notice for nonpayment of premium) applies. (6/16)

CERTIFICATE HOLDER	CANCELLATION
Delta College 1961 Delta Road 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
	BRE O
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