KIRVINE

ACORD CER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/20/2024

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

| Since of the desired to | | | | | | |
|--|---|-----------------------|--|--|--|--|
| PRODUCER | CONTACT Zack Robinson | CONTACT Zack Robinson | | | | |
| My Member Insurance Agency, LLC 7531 Gratiot Rd | | (989) 781-4824 | | | | |
| Saginaw, MI 48609 | E-MAIL ADDRESS; service@mymemberinsurance.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| | INSURER A: Hastings Mutual Insurance Company | 14176 | | | | |
| INSURED | INSURER B: Accident Fund Ins. Co of America | 10166 | | | | |
| William F. Nelson Electric | INSURER C: | | | | | |
| 111 Hoyt St. Saginaw, MI 48607 | INSURER D: | | | | | |
| | INSURER E : | | | | | |
| | INSURER F: | | | | | |
| | | | | | | |

| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER |
|-----------|-----------------------|-----------------|
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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.

| NSR LTR | TYPE OF INSURANCE | ADDL SUB | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|------------|--|-----------------------------------|-----------------|----------------------------|----------------------------|--|------------|------------|
| Α | X COMMERCIAL GENERAL LIABILITY | COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | CPP9895661 | 4/1/2024 | 4/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | X POLICY X PRO- X LOC | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| - IJ | X ANY AUTO SCHEDULED | | ACV9894025 4/1/ | 4/1/2024 | 4/1/2025 | BODILY INJURY (Per person) | \$ | |
| | AUTOS ONLY AUTOS | | | | | \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | \$ | |
| A | X UMBRELLA LIAB X OCCUR | UMBRELLA LIAB X OCCUR | | /1/2024 4/1/2025 | EACH OCCURRENCE | \$ | 14,000,000 | |
| 1 | EXCESS LIAB CLAIMS-MADE | CESS LIAB CLAIMS-MADE ULC 9894047 | | | 4/1/2024 | AGGREGATE | \$ | 14,000,000 |
| _ | DED RETENTION \$ | | | | | | \$. | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | ERS' LIABILITY | 4/1/2025 | X PER STATUTE OTH- | | œ | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 10001/92/ 4/1/2024 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | | | ···· | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CANCELLATION

Delta College 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

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