**NGALE** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2024

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 confor rights to the certificate holder in liquid found or property.

this certificate does not confer rights			rtificate holder in lieu of si				y roquiro un chaorocino		Statement on
PRODUCER License # 0019304-1				CONTAC NAME:	T Sarah Vo	eld			
Hub International Midwest East	PHONE FAX (A/C, No, Ext): (A/C, No):								
1591 Galbraith Ave SE   Grand Rapids, MI 49546				E-MAIL ADDRES	s: sarah.ve	ld@hubint	ernational.com	,	
	INSURER(S) AFFORDING COVERAGE					NAIC#			
				INSURER A : Frankenmuth Insurance Company					13986
INSURED				INSURER B:					
Bareman and Associates Ir	INSURER C:								
Attn: Mitch Bareman 2197 Pine Ridge Dr		INSURER D:							
Jenison, MI 49428					INSURER E:				
					INSURER F:				
COVERAGES CER	E NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICION INDICATED. NOTWITHSTANDING ANY INCERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQL PEF POL	JIREN RTAIN ICIES	MENT, TERM OR CONDITIO I, THE INSURANCE AFFOR B. LIMITS SHOWN MAY HAVE	ON OF AN RDED BY BEEN RE	IY CONTRAC THE POLICI EDUCED BY	CT OR OTHEI ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	PECT T	O WHICH THIS
INSR TYPE OF INSURANCE	INSE	L SUB WVI	POLICY NUMBER		MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X	X	6695085		7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	S	2,000,000
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:	-	4					EPLI COMPINED COMPINE	\$	100,000
A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO			6695084		7/1/2024	7/1/2025	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
X HIRED ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		_						s	
A X UMBRELLA LIAB X OCCUR	-61	6695085		7/1/2024		EACH OCCURRENCE	\$	6,000,000	
EXCESS LIAB CLAIMS-MADE					7/1/2024	7/1/2025	AGGREGATE	S	6,000,000
DED X RETENTION\$ 10,000							S		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		6695083			7/1/2024	7/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	S	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI College, its elected and appointed officials, be included as an insured under the CGL, a shall apply as primary and non-contributory afforded to College.  Blanket Additional Insured status is include	empl nd ur with	loyee ider i resp	es, students, agents and vol the commercial umbrella. T pect to any other insurance	olunteers : This insur or self-in	shall ance isurance pro	ograms			
CERTIFICATE HOLDER				CANCE	LLATION				
Delta College 1961 Delta Rd.				THE E	XPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL I Y PROVISIONS.		

University Center, MI 48710

**AUTHORIZED REPRESENTATIVE** 

NGALE



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/20/2024

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).

	this certificate does not confer rights DUCER License # 0019304-1	to th	e cer	tificate holder in lieu of s	s of the policy, certain policies may require an endorsement. A statement on of such endorsement(s).  CONTACT Sarah Veld NAME:						
Hub International Midwest East					NAME: PHONE FAX (A/C, No, Ext): (A/C, No):						
	31 Galbraith Ave SE and Rapids, MI 49546				E-MAIL ADDRESS: Sarah.V	eld@hubin	ternational.com				
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : Franke	13986					
INS	URED				INSURER B:						
	Bareman and Associates Ir	ıc			INSURER C :						
	Attn: Mitch Bareman 2197 Pine Ridge Dr				INSURER D :						
	Jenison, MI 49428				INSURER E :						
					INSURER F:						
CC	OVERAGES CER	RTIFI	CAT	E NUMBER:			REVISION NUMBER:				
C	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM	ENT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF ANY CONTRA RDED BY THE POLIC	ACT OR OTHE DESCRI	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS		
INSR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY	-	-				EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	х	X	6695085	7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
							MED EXP (Any one person)	\$	10,000		
							PERSONAL & ADV INJURY	s	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000		
_	OTHER:						EPLI	\$	100,000		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X ANY AUTO			6695084	7/1/2024	7/1/2025	BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
۸	V							\$	0.000.000		
Α	X UMBRELLA LIAB X OCCUR			CCUEUOE	7/4/2024	7/1/2025	EACH OCCURRENCE	\$	6,000,000		
	EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000		6695085		7/1/2024	11112025	AGGREGATE	\$	6,000,000		
	DED RETERTION /				7/1/2024	7/1/2025	V PER OTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6695083			X PER STATUTE OTH-		1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			11112021	17112020	E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000		
_	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
colle le in lhall	RIPTION OF OPERATIONS / LOCATIONS / VEHICI ge, its elected and appointed officials, cluded as an insured under the CGL, a apply as primary and non-contributory ded to College. Blanket Additional Insu	empl nd un with	oyee: der t resp	s, students, agents and vo he commercial umbrella. I ect to anv other insurance	lunteers shall This insurance or self-insurance p	rograms	ed)		-		
CER	RTIFICATE HOLDER				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.						
	and the second s				AUTHORIZED REPRESEN	TATIVE					
					Sustin Oil	d /					