

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/11/2024

	THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY OF	NEGATIVELY AMEND, EX	TEND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
I	MPORTANT: If the certificate holder i f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	to the ter	rms and conditions of the p	olicy, certain p	olicies may			
	¥	o the cert	0	NTACT	s).			
PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 Ottawa NW				NAME:				
				PHONE (A/C, No, Ext): 517-492-1380 E-Malu E-Malu				
	uite 301			ADDRESS;				
Gi	rand Rapids MI 49503			INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
				URER A : Middle (Cities Risk Ma	inagement Trust		
INSURED Middle Citics Bick Management Truct				URER B :				
	iddle Cities Risk Management Trust int Community Schools			URER C :				
92	23 E. Kersley			INSURER D :				
Fli	int MI 48503-1900			INSURER E :				
	4		INS	URER F :				
CC	VERAGES CER	TIFICATE	NUMBER: 1977188146			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIREMEI PERTAIN, POLICIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE BEE	ANY CONTRACT BY THE POLICIE IN REDUCED BY	OR OTHER S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V D ALL T	VHICH THIS
A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSO WVD	POLICY NUMBER MCRMT07012024	(MM/DD/YYYY) 7/1/2024	(MM/DD/YYYY) 7/1/2025	LIMIT		
		1	WCRW107012024	111/2024	11 112025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,	
	CLAIMS-MADE X OCCUR					the second s	\$ 300,000	
						MED EXP (Any one person)	\$	
	X Agg Aply per Mém					PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,	
						PRODUCTS - COMP/OP AGG	\$4,000,	000
	OTHER:					COMBINED SINGLE LIMIT	\$	
A	AUTOMOBILE LIABILITY		MCRMT07012024	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT	\$ 1,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$.	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE Per accident	\$	
							\$.	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION					PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBEREXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			1.11		E.L. DISEASE - POLICY LIMIT	\$	
A	Auto Physical Damage Comprehensive & Collision		MCRMT07012024	7/1/2024	7/1/2025	Deductible	\$1,000	
Mic MC Del	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI Idle Cities Risk Management Trust is a qu RMT07012024. SIR \$750,000 Ita College as additional insured as their i iod.	alified an	d approved self-insurance fund	under the laws	of the State o	of Michigan. Additional Ins		
CERTIFICATE HOLDER				CANCELLATION				
Delta College 1961 Delta Road University Center MI 48710 USA				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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