

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/9/2024

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 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	NAME: Andrea Masters				
Walton Insurance Group	PHONE (A/C, No, Ext): (517) 796-6216 FAX (A/C, No): (5	17) 796-6216			
2929 Spring Arbor Rd.	E-MAIL ADDRESS: amasters@waltoninsurancegroup.com				
P.O. Box 3029	INSURER(S) AFFORDING COVERAGE	NAIC #			
Jackson MI 49204	INSURER A: First Mercury Insurance	10657			
INSURED Great Lakes Tower & Antenna Company, Inc.	INSURER B : EMC Insurance Companies	21415			
Great Lakes Tower Crane & Equipment Services, LLC	INSURER C: RSUI Indemnity Company	22314			
P.O. Box 77	INSURERD: Zurich American Ins. Co	16535			
	INSURERE: Capitol Specialty Insurance Co.	10328			
Flat Rock MI 48134	INSURERF: Travelers Insurance Company	36161			

COVERAGES CERTIFICATE NUMBER: 24-25 Master

REVISION NUMBER:

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	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 50,000
1	X Contractual Liability	x		GLO-099092	8/20/2024	8/20/2025	MED EXP (Any one person)	\$ 5,000
G	X Pollution Liability			793-00-95-47-0005	8/20/2024	8/20/2025	PERSONAL & ADV INJURY	\$ 1,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000
1	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
_	OTHER:						Pollution Liability	\$ 1,000,000
1	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	X ANY AUTO						BODILY INJURY (Per person)	\$
1	ALL OWNED SCHEDULED AUTOS	1		6X36792	8/20/2024	8/20/2025	BODILY INJURY (Per accident)	\$
1	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							}	\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000
c	X EXCESS LIAB CLAIMS-MADE		- 1				AGGREGATE	\$ 5,000,000
_	DED RETENTION \$ 0	_		NHA103848	8/20/2024	8/20/2025		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
D	(Mandatory in NH) If yes, describe under		- 1	WC9313037-13	8/20/2024	8/20/2025	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Professional Liability			SGC01610-15	8/20/2024	8/20/2025	Per Occurrence/Aggregate	\$2,000,000
F	F Installation Floater			QT-660-6F301954	8/20/2024	8/20/2025	Limit	\$500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ATIMA Delta College is additional insured in repsects the Liability of the named insured.

CERTIFICATE HOLDER	CANCELLATION				
(989) 667-2201 Delta College Attn: Floyd 1961 Delta Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.				
University Center, MI 48710	AUTHORIZED REPRESENTATIVE	4			
	D Schroeder/AMASTE	Japa Q			

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