

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2024

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).

| ti | this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|---|--|------|-------------------|---------------|--|----------------|--------------|--------------------------------|------------------------------|----------------|--|--|
| PRO | DDUCER | | | | CONTACT NAME: | | | | | | | |
| Acı | isure LLC | | | | PHONE | | | | | | | |
| | D. Box 510187 | | | | E-MAIL corte@poricure.com | | | | | | | |
| ١.٠ | . Box 610101 | | | | ADDRESS: SSTREET STREET | | | | | | | |
| No | w Berlin | | | WI 53151 | INSURER(S) AFFORDING COVERAGE | | | | NAIC # 26077 | | | |
| _ | | | _ | VVI 53151 | INSURER A: Lancer Insurance Company | | | | | | | |
| INS | JRED | | | | INSURER B: Secura Insurance Company | | | | | 22543 | | |
| | Blue Lakes Charters & Tours In | C. | | | INSURER C: Accident Fund National Insurance Co. | | | | | 12305 10030 | | |
| 12154 N. Saginaw Rd. | | | | | | INSURER D: ACE | | | | | | |
| | | | | | INSURER E: | | | | | | | |
| Clio MI 48420 | | | | | INSURER F: | | | | | | | |
| 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 LTR | ISR ADDLISUBR | | | | POLICY EFF POLICY EXP | | | | | | | |
| LIK | COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | 0,000 | | | |
| | CLAIMS-MADE OCCUR | | GL159193#13 | | | | | DAMAGE TO RENTED | 100 | | | |
| | CLAIMS-MADE OCCUR | | | | | | | PREMISES (Ea occurrence) | F 00 | | | |
| Α | | | | GI 150103#13 | | 09/01/2024 | 00/04/0005 | MED EXP (Any one person) | 4.00 | | | |
| | <u> </u> | | | GE139193#13 | | 09/01/2024 | 09/01/2025 | PERSONAL & ADV INJURY | \$ 1,000,000 \$ 2,000,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | Ψ | | | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ Excl | naea | | |
| _ | OTHER: | - | | | | | | COMBINED SINGLE LIMIT | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ 5,000,000 | | | |
| Α | ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS | | BA164930#13 | | | 09/01/2024 | 09/01/2025 | BODILY INJURY (Per person) | \$ | | | |
| | | | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | \$ | | | |
| | WIMBRELLA LIAB EXCESS LIAB CLAIMS-MADE | | 20-CU-003372915-2 | | 09/01 | | 09/01/2025 | EACH OCCURRENCE | \$ 1,000 | 0,000 | | |
| В | | | | | | 09/01/2024 | | AGGREGATE | \$ 1,000,000 | | | |
| | DED RETENTION \$ | | | | | | | \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | AF WCP 100092019 | | 04/10/2 | | 04/10/2025 | ➤ PER STATUTE OTH- | | | | |
| С | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | 04/10/2024 | | E.L. EACH ACCIDENT | s 1,000,000 | | | |
| Ŭ | | | | | | | | 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 | | | |
| | Pollution Liability | | | | | | | Limit | \$1,00 | 00,000 | | |
| D | 1 olidion clability | | | STP-422633 | - 1 | 07/07/2023 | 07/07/2025 | | | | | |
| | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | |
| CEP | TIFICATE HOLDER | | | | CANC | ELL ATION | | | | | | |
| <u> </u> | Delta College 1961 Delta Road | | | | 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 | | | | | | | |
| University Center MI 48710 | | | | | | Noch (Who | | | | | | |



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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).

| PRODUCED CONTACT | | | | | | | | | | | |
|--|--|--------|---------------------------|------------------------------------|---|-------------------------------------|---|--|-----------------------------|--------|--|
| 1 | DUCER | | | | NAME: | | | | | | |
| 1 | isure LLC | | | | PHONE (A/C, No, Ext): (A/C, No): | | | | | | |
| P.C | D. Box 510187 | | | | (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: certs@hni.com | | | | | | |
| 1 | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | |
| New Berlin WI 53151 | | | | | | INSURER A: Lancer Insurance Company | | | | | |
| INSI | JRED | | | | INSURER B: Secura Insurance Company | | | | | 22543 | |
| 1 | Blue Lakes Charters & Tours Ir | c.; D | &R Lea | asing Company | INSURER C: Accident Fund National Insurance Co. | | | | 12305 | | |
| Blue Lakes By The Bay LLC | | | | | | INSURER D : ACE | | | | | |
| 12154 N. Saginaw Rd. | | | | | | INSURER E : | | | | | |
| Clio MI 48420 | | | | | INSURER F: | | | | | | |
| CERTIFICATE NUMBER: 24-25 BLBTB | | | | | | | | | | | |
| _ | HIS IS TO CERTIFY THAT THE POLICIES OF | | | | ISSUEE | TO THE INSU | RED NAMED A | | RIOD | | |
| 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 | | WVD | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | 1 | 1112 | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | EACH OCCURRENCE | s 1,00 | 00,000 | |
| | CLAIMS-MADE OCCUR | | | | | | 09/01/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s 100, | ,000 | |
| | - Control MADE (Fig. coccit) | | | | | | | MED EXP (Any one person) \$ 5,0 | | 0 | |
| Α | | | | GL159193#13 | | 09/01/2024 | | PERSONAL & ADV INJURY | - | 00,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- LOC | | | | | | | GENERAL AGGREGATE | - | 00,000 | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | s Excluded | | |
| | OTHER: | | | | | | | PRODUCTS - COMPTOP AGG | s | | |
| | AUTOMOBILE LIABILITY | | | | | | 09/01/2025 | COMBINED SINGLE LIMIT | \$ 5,000,000 | | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | (Ea accident) BODILY INJURY (Per person) | \$ | | |
| l _A | | | | BA164930#13 | | 09/01/2024 | | BODILY INJURY (Per accident) | \$ | | |
| () | HIRED NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | ➤ UMBRELLA LIAB ➤ OCCUR | | | | | | | | 1.00 | 0,000 | |
| В | EVERSALIAD | | 20-CU-003372915-2 | | 09/01/202 | 09/01/2024 | 09/01/2025 | EACH OCCURRENCE | 1,000,000 | | |
| | CLAIIVIS-IVIADE | 1 | | 20 00 0000120102 | | 00/01/2021 | 00/01/2020 | AGGREGATE | Φ | | |
| | DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | - | | | | | ✓ PER OTH- | \$ | | |
| | | | | | | | | STATUTE ER | 1.00 | 0.000 | |
| С | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | AF WCP 100092019 | - 1 | 04/10/2024 | 04/10/2025 | E.L. EACH ACCIDENT | \$ 1,000,000 \$ 1,000,000 | | | |
| | (Mandatory in NH) If yes, describe under | | | | | | E.L. DISEASE - EA EMPLOYEE | Φ | | | |
| | DÉSCRIPTION OF OPERATIONS below | _ | | | | | | | \$ 1,000,000 \$1,000,000 | | |
| D | Pollution Liability | | | OTD 400000 | - 1 | 07/07/0000 | 07/07/0005 | Limit | \$1,00 | JU,000 | |
| 0 | | | | STP-422633 | | 07/07/2023 | 07/07/2025 | | | | |
| DESC | DIRTION OF ODERATIONS / LOCATIONS / VEHICLE | S (AC | OPD 40 | 04 Additional Demonts Calcatula a | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | :5 (AC | ORD 10 | J1, Additional Remarks Schedule, h | nay be att | acned if more sp | ace is required) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CER | TIFICATE HOLDER | | | | CANCE | ELLATION | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | BEFORE | | |
| | | | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| University Center MI 48710 | | | | | | Sharles - | | | | | |