Client#: 10773

## ACORD<sub>™</sub> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2023

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                                       | CONTACT<br>NAME:                                  |  |  |  |  |
|--|---|--|--|--|--|
| Saginaw Bay Underwriters                       | PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No): |  |  |  |  |
| 1258 S. Washington                             | EMAL ADDRESS: PRODUCER CUSTOMER ID #:             |  |  |  |  |
| P.O. Box 1928                                  |   |  |  |  |  |
| Saginaw, MI 48605                              | INSURER(S) AFFORDING COVERAGE                     |  |  |  |  |
| INSURED C. | INSURER A: Cincinnati Insurance Co.               |  |  |  |  |
| United Way Of Saginaw County                   | INSURER B. Accident Fund Insurance Co.            |  |  |  |  |
| 100 S. Jefferson Ave., 3rd Floor               | INSURER C: Travelers Property Casualty            |  |  |  |  |
| Saginaw, MI 48607-1274                         | INSURER D :                                       |  |  |  |  |
|  | INSURER E:  |  |  |  |  |
|  | INSURER F:  |  |  |  |  |

COVERAGES CERTIFICATE NUMBER: 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<br>LTR | TYPE OF INSURANCE                                      | ADDL SUBR | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | ·s                         |
|-------------|--|-----------|----------------|----------------------------|----------------------------|---|----------------------------|
| A           | X COMMERCIAL GENERAL LIABILITY                         |           | ETD0522754     | 02/01/2023                 | 02/01/2026                 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000<br>\$1,000,000 |
|             | CLAIMS-MADE X OCCUR                                    |           |                |                            |                            | MED EXP (Any one person)                                  | \$10,000                   |
| 1           |  |           |                |                            |                            | PERSONAL & ADV INJURY                                     | \$1,000,000                |
|             |  |           |                |                            |                            | GENERAL AGGREGATE   | \$2,000,000                |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                     |           |                |                            | i)                         | PRODUCTS - COMP/OP AGG                                    | \$2,000,000                |
|             | POLICY PRO-<br>JECT LOC                                |           |                |                            |                            |   | \$                         |
| A           | ANY AUTO   |           | ETD0522754     | 02/01/2023                 | 02/01/2026                 | COMBINED SINGLE LIMIT (Ea accident)                       | \$1,000,000                |
|             |  |           |                |                            |                            | BODILY INJURY (Per person)                                | \$                         |
|             | ALL OWNED AUTOS  |           |                |                            |                            | BODILY INJURY (Per accident)                              | \$                         |
|             | X HIRED AUTOS  |           |                |                            |                            | PROPERTY DAMAGE<br>(Per accident)                         | \$                         |
|             | X NON-OWNED AUTOS                                      |           |                |                            |                            |   | \$                         |
|             |  |           |                |                            |                            |   | \$                         |
| Α           | X UMBRELLA LIAB X OCCUR                                |           | ETD0522754     | 02/01/2023                 | 02/01/2026                 | EACH OCCURRENCE   | \$1,000,000                |
|             | EXCESS LIAB CLAIMS-MADE                                |           |                |                            |                            | AGGREGATE   | \$1,000,000                |
|             | DEDUCTIBLE   |           |                |                            |                            |   | \$                         |
|             | X RETENTION \$ 0                                       |           |                |                            |                            |   | \$                         |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY          |           | AFWCP100081788 | 01/01/2023                 | 01/01/2024                 | X WC STATU-<br>TORY LIMITS ER                             |                            |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE                       | N/A       |                |                            |                            | E.L. EACH ACCIDENT  | \$500,000                  |
|             | (Mandatory in NH)                                      | 130       |                |                            | 1                          | E.L. DISEASE - EA EMPLOYEE                                | \$500,000                  |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below |           |                |                            |                            | E.L. DISEASE - POLICY LIMIT                               | \$500,000                  |
| С           | Crime  |           | 105861570      | 02/01/2023                 | 02/01/2025                 | \$1,000,000 Limit   | ·                          |
|             | Empl Dishonesty  |           |                |                            |                            | \$5,000 Deductible  |                            |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Delta College is Additional Insured with respects to the General Liability for use of facilities January 3, 6 & 7, 2020.

| CERTIFICATE HOLDER  | CANCELLATION   |
|---|--|
| Delta College<br>1961 Delta Rd<br>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  |
|   | 000  |

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