

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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) PRODUCER CONTACT NAME: JOHN AIRD AIRD GARCIA INSURANCE GROUP PHONE (A/C, No, Ext): (989)792-9687 5140 STATE ST (989)792-3293 JOHN.AIRD@FBINSMI.COM ADDRESS: STE. 203 INSURER(S) AFFORDING COVERAGE SAGINAW, MI 48603 NAIC# FARM BUREAU GENERAL INS. CO. OF MI INSURER A: INSURED INSURER B IRIS WASTE DIVISION INSURER C 5 HEART EARHWORMS FARM LLC INSURER D P.O. BOX 5708 INSURER E SAGINAW, MI 48603 INSURER F COVERAGES CERTIFICATE 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. ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY POLICY NUMBER COMMERCIAL GENERAL LIABILITY LIMITS EACH OCCURRENCE \$ 2,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) 15,000 \$ X CPP3101583 06/26/2022 06/26/2023 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 4,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG \$ OTHER: **AUTOMOBILE LIABILITY** \$ OMBINED SINGLE LIMIT (Ea accident) ANY AUTO \$ BODILY INJURY (Per person) OWNED SCHEDULED \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED BODILY INJURY (Per accident) \$ AUTOS ONL PROPERTY DAMAGE (Per accident) \$ \$ **UMBRELLA LIAB** OCCUR **EXCESS LIAB** EACH OCCURRENCE \$ CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. EACH ACCIDENT (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DELTA COLLEGE DOWNTOWN MIDLAND CENTER AS ADDITIONAL INSURED. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN DELTA COLLEGE DOWNTOWN MIDLAND CENTER ACCORDANCE WITH THE POLICY PROVISIONS. 419 E ELLSWORTH ST AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

MIDLAND, MI 48640

JOHN AIRD