JBAARCK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/2/2023

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 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

l t	f SU his c	BROGATION IS \	NAIVED, subje t confer rights t	ct to	the cert	terms and conditions of tificate holder in lieu of su	the pouch	olicy, certain dorsement(s)	policies may).	/ require an endorsem	ent. A	A statement on	
PRODUCER								CONTACT NAME:					
Emil Rummel Agency, Inc.											o):(98	9) 652-8919	
		lain St nmuth, MI 48734					E-MAIL ADDRESS:					•	
INSURED								INSURER(S) AFFORDING COVERAGE				NAIC#	
								INSURER A : Frankenmuth Insurance Company				13986	
								INSURER B:					
Helm Electric, Inc. P.O. Box 282 Frankenmuth, MI 48734							INSUR						
							INSUR						
								INSURER E: INSURER F:					
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
1	HIS NDIC/ ERTI	IS TO CERTIFY TH ATED. NOTWITHS' IFICATE MAY BE IS JSIONS AND CONDI	IAT THE POLICI TANDING ANY F SSUED OR MAY TIONS OF SUCH	ES O REQU PER POLI	F INS IREM TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE	RED NAMED ABOVE FOR R DOCUMENT WITH RES SED HEREIN IS SUBJEC	R THE PECT I TO A	TO WHICH THIS	
LTR	-	TYPE OF INSURANCE			ADDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY				1,000,000	
Α	X	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							3/1/2024	EACH OCCURRENCE	\$		
						6682081		3/1/2023		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:									GENERAL AGGREGATE	\$	2,000,000	
										PRODUCTS - COMP/OP AG	G \$	2,000,000	
Α	АШТ	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	ANY AUTO					6682080		3/1/2023	3/1/2024				
	Х	OWNED AUTOS ONLY	SCHEDULED AUTOS			0002000		0/1/2020	0/1/202 -1	BODILY INJURY (Per person			
	X									PROPERTY DAMAGE (Per accident)			
	^	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							(Per accident)	\$		
Α.	v			-							5	5,000,000	
Α	X	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE				6682081		3/1/2023	3/1/2024	EACH OCCURRENCE	\$	0,000,000	
						0002001		3/1/2023	3/1/2024	AGGREGATE	\$	5,000,000	
Α.	DEB 11 NETERMONT									Aggregate OTH	\$	3,000,000	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		555555		3/1/2023	3/1/2024	PER OTH- STATUTE ER	-	500,000	
						6682079) 1 9			E.L. EACH ACCIDENT	\$	·	
										E.L. DISEASE - EA EMPLOY	EE\$	500,000 500.000	
										E.L. DISEASE - POLICY LIMI	Г \$_	500,000	
DES	CKIPI	ION OF OPERATIONS / L	LOCATIONS / VEHIC	LEO (A	CORD) 101, Additional Remarks Schedul	е, шау б	е ацаснед п топ	e space is requi	с ч)			
CERTIFICATE HOLDER								CANCELLATION					
Delta College 1961 Delta Rd. 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						