BWEEKS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2023

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.

L	If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	o th	o the	e terms and conditions of tificate holder in lieu of su	ich endorsement(s	s).	y require an endorsem	ent. A s	statement on
	ODUCER			CONTACT Beverly Weeks NAME: PHONE (A/C, No, Ext): (989) 817-4236 FAX (A/C, No): (989) 772-1855					
Ge 52!	neral Agency Company 5 E. Broadway								
Mo	ount Pleasant, MI 48858				E-MAIL ADDRESS: bweeks	@ga-ins.co	m		
					IN	SURER(S) AFFO	RDING COVERAGE		NAIC#
					INSURER A : Emplo				21415
INS	GURED			INSURER B : EMC Property & Casualty Co				25186	
	State Street Academy				INSURER C :				
	1110 State St			INSURER D:					
	Bay City, MI 48706				INSURER E :				
					INSURER F:				
CC	OVERAGES CER	TIFI	CAT	E NUMBER:	MODILE N. I.		REVISION NUMBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES C EQU PEF	F INSTREMENTALIN	SURANCE LISTED BELOW PENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF ANY CONTRA	ACT OR OTHE	RED NAMED ABOVE FOR R DOCUMENT WITH RES BED HEREIN IS SUBJECT	THE PO	WHICH THIS
INSF	TYPE OF INSURANCE	ADDI	SUBF	POLICY NUMBER	POLICY EFF	POLICY EXP	LIA	AITS	
Α		11.000					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		6D13885	12/1/2023	12/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	500,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGO		3,000,000
	OTHER:							\$	
В							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED AUTOS			6E13885	12/1/2023	12/1/2024	BODILY INJURY (Per person)		
							BODILY INJURY (Per acciden		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	NO TOO GIVE!							s	
Α	X UMBRELLA LIAB X OCCUR				12/1/2023	12/1/2024	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			6J13885			AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000						Pers/Adv Injury	S	5,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		N/A	6H13885	6H13885	12/1/2023	12/1/2024	E.L. EACH ACCIDENT	s	1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
Α	Linebacker			6K13885	12/1/2023	12/1/2024	Each Loss		1,000,000
A	Linebacker			6K13885	12/1/2023	12/1/2024	Aggregate		2,000,000
DES Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ifficate Holder is recognized as Additional	ES (#	ACORD	101, Additional Remarks Schedul on the General Liability wh	e, may be attached if mo nen required by writ	re space is requir tten contract	ed) per endorsement form (G7699.	
CEI	RTIFICATE HOLDER			CANCELLATION					
	Delta College 1961 Delta Rd University Center, Ml 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.					
Sinversity Senter, MI 407 10				Ī	AUTHORIZED REPRESENTATIVE Graf. B. Reinlandt				