Client#: 34667 WOBCO1

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2023

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 this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

CONTACT Amy Jo List, CIC, CISR	_			
E-MAIL ADDRESS: alist@sbuins.com				
INSURER(S) AFFORDING COVERAGE NAIC #				
INSURER A : Cincinnati Ins. Co.				
INSURER B : Accident Fund Insurance Co. of America				
INSURER C:				
INSURER D :				
INSURER E :				
INSURER F:				
	(A/C, No, Ext): 989 752-8600   (A/C, No):  E-MAIL			

COVERAGES CER			HIFICATE	NUMBER:			REVISION NUMBER:	
TI	IIS .	IS TO CERTIFY THAT THE POLICIES	OF INSUF	RANCE LISTED BELOW HAVE BEE	NISSUED 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,								
E	KCLL	JSIONS AND CONDITIONS OF SUCH	POLICIES.	. LIMITS SHOWN MAY HAVE BEE	N REDUCED	BY PAID CLAI	MS.	
NSR TR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	'S
Α	X	COMMERCIAL GENERAL LIABILITY		EPP0057760	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	Х	PD Ded:250					MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEI	N'I AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2.000.000

POLICY X PRO-\$2,000,000 PRODUCTS - COMP/OP AGG OTHER: 01/01/2024 01/01/2025 COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 **AUTOMOBILE LIABILITY** EBA0057760 BODILY INJURY (Per person) \$ X ANY AUTO SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY \$ **AUTOS ONLY** X UMBRELLA LIAB 01/01/2024 01/01/2025 EACH OCCURRENCE \$6,000,000 0057760 X OCCUR **EXCESS LIAB** \$6,000,000 AGGREGATE CLAIMS-MADE RETENTION \$ DED 01/01/2024 01/01/2025 X PER STATUTE WORKERS COMPENSATION AFWCP1000827 AND EMPLOYERS' LIABILITY \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Delta College, its elected and appointed officials, employees, students, volunteers and agents are named as additional insured with regards to the General Liability, Auto Liability. Waiver of subrogation applies for Delta College, its elected and appointed officials, employees, students, volunteers and agents for the General Liability, Auto Liability and Workers Compensation. Coverages are primary and non contributory. 30 day cancellation applies on all policies.

CERTIFICATE HOLDER	CANCELLATION
Delta College 1961 Delta Road 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.
<b>C</b> intolon <b>y C</b> Cintol, 15. 75	AUTHORIZED REPRESENTATIVE
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