**JROBINSON** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/21/2024

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.

1	If SUBROGATION IS WAIVED, subjectives this certificate does not confer rights				ich and	inreament/e	V.		rsemer	IL A	Statement on
PRODUCER General Agency Company 525 E. Broadway Mount Pleasant, MI 48858						CONTACT Jennifer Robinson NAME: PHONE (200) 247 4005					
						PHONE [A/C, No, Ext): (989) 817-4265 [FAX (A/C, No): (989) 772-1855 [FAX (A/C, No): (989) [FAX (A/C, No): (989) FAX (A/C, No): (989) [FAX (A/C, No): (989)					
						191000000000000000000000000000000000000					
						INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURER A : Employers Mutual Casualty Co					21415
						INSURER B : EMC Property & Casualty Co					25186
	State Street Academy				INSURER C:						
	1110 State St Bay City, MI 48706				INSURER D:					-	
					INSURER E :						
_					INSURER F:						
				E NUMBER:				REVISION NUM			
	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU	IREM TAIN	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRA	CT OR OTHE	R DOCUMENT WITH	I RESPE	CT TO	O WHICH THIS
INSF	INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				s	
A		1,730	WVD			AGIRICASSI I I I I I I	MINICOSTITITI	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR	x		6D13885	12/1/2024	12/1/2024	12/1/2025	DAMAGE TO RENTEL PREMISES (Ea occur			500,000
		^				12/1/2024	12/1/2023			5	10,000
								MED EXP (Any one pe		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			-				PERSONAL & ADV IN		\$	3,000,000
	X POLICY PRO- LOC							GENERAL AGGREGA		\$	3,000,000
								PRODUCTS - COMP/O	OP AGG	\$	3,000,000
В	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	TIMI.	\$	1,000,000
	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			6E13885		12/1/2024	12/1/2025	BODILY INJURY (Per p	person)	\$	
								BODILY INJURY (Per a		s	
								PROPERTY DAMAGE (Per accident)		\$	
						,			s		
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE		\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			6J13885		12/1/2024	12/1/2025	AGGREGATE		s	5,000,000
	DED X RETENTIONS 10,000						Pers/Adv Injury		\$	5,000,000	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					12/1/2025	X PER STATUTE	OTH- ER	9		
			6H13885		12/1/202		12/1/2024	E.L. EACH ACCIDENT		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A									1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EM	-	5	1,000,000
Α	Linebacker			6K13885		12/1/2024	12/1/2025	Each Loss	YLIMIT	3	1,000,000
Α	Retro date: 1/1/2002			6K13885		12/1/2024	12/1/2025	Aggregate	- 1		2,000,000
											_,000,000
DES( Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ificate Holder is an Additional Insured w	ES (A	cord	101, Additional Remarks Schedul to General Liability as res	e, may be pects ti	attached if more	space is requir with the nam	ed) ned insured.			
CEF	RTIFICATE HOLDER				CANCI	ELLATION					
	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.						
	Omversity Center, mi 40/10				AUTHORIZED REPRESENTATIVE  Genf. B. Reinhardt						
	ř				1	O. Menula	KOL				