

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/26/2024

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.

l H	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjents certificate does not confer rights t	ct to	the	terms and conditions of	the policy, certain uch endorsement(s	policies may	NAL INSURED provision require an endorsemen	s or be endo . A stateme	rsed. nt on
PRO	DUCER TOTAL TOTAL				CONTACT NAME:				
522	il Rummel Agency, Inc. S Main St				PHONE (A/C, No, Ext): (989) 652-6104 FAX (A/C, No): (989) 652-8919 E-MAIL ADDRESS:				
Frankenmuth, MI 48734					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				AIC#
							rance Company	13986	
INSURED					INSURER B:				
					INSURER C:				
Nuechterlein Electric, Inc. 304 List Street					INSURER D:				
Frankenmuth, MI 48734					INSURER E :				
					INSURER F:				
CC	VERAGES CER	TIFIC	CATI	E NUMBER:	REVISION NUMBER:				
11 C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	REM TAIN CIES	ENT, TERM OR CONDITION , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO WHICH	THIS
INSR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		000 000
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	х	х	6671151	1/1/2025	1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	Φ .	000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	2	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							21	000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	2 .	,00,000
Α	OTHER:						COMBINED SINGLE LIMIT	\$ s 1,0	000,000
	X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		W	6671150	1/1/2025	1/1/2026	(Ea accident) BODILY INJURY (Per person)	\$	
			X	=			BODILY INJURY (Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR	-			1/1/2025	1/1/2026	EACH OCCURRENCE	\$ \$ 5,0	000,000
	EXCESS LIAB CLAIMS-MADE		х	6671151					000,000
	DED X RETENTION\$ 10,000		٠,					\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					1/1/2026	X PER OTH-	7	
			Х	6671149	1/1/2025			\$ '	000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	a	000,000
	If yes, describe under IDESCRIPTION OF OPERATIONS below						EL DISEASE - POLICY LIMIT	<u>s</u> 1,0	000,000
Delt 1820	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC a College, its elected and appointed offi 12 primary and non contributory per and w form. 30 day notice	cials	emi	olovees, students, voluntee	ers, and its agents a	re additional	insured on the General Lia	ability per foi C0003. Umbr	rm ella is
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				