

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2025

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.

		BROGATION IS WAIVED, subject sertificate does not confer rights			uch en	dorsement(s			A S	
-	DDUCE				CONTA NAME:	CT				
Acrisure P.O. Box 510187					PHONE (A/C, No, Ext): 262-782-3940 FAX (A/C, No): 262-782-4198					82-4198
		erlin WI 53151			E-MAIL				·	
146	ט איי	Cimi W 00 10 1			- ADDINE			RDING COVERAGE		NAIC#
					INCHID	ER A : Lancer I				26077
INIC	UDED			9362						22543
Blue Lakes Charters & Tours Inc.					INSURER B: Secura insurance Company					
12	154	N. Saginaw Rd.			INSURER c : Accident Fund National Insurance Co.				12305	
CI	io M	I 48420			INSURER D : ACE				22667	
					INSURE	RE:				
					INSURE	RF:				
CC	VER	RAGES CER	TIFICA	TE NUMBER: 702111976				REVISION NUMBER		
II C	NDICA ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RES	PECT TO	WHICH THIS
INSF LTR	<u> </u>	TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
Α	X	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		GL159193#13	9/1/2024	9/1/2025	DAMAGE TO RENTED		0,000	
		CENTING III IEE COSSIN						MED EXP (Any one person)	\$ 5,00	
	F							PERSONAL & ADV INJURY	\$ 1.00	
	051	A CODE CATE LIMIT ADDITED DED.						GENERAL AGGREGATE	\$ 2,00	·
	X	POLICY PRO- POLICY LOC						PRODUCTS - COMP/OP AG		
		_						PRODUCTS - COMPTOR AC	\$	uded
A	OTHER: AUTOMOBILE LIABILITY			BA164930#13		9/1/2024	9/1/2025	COMBINED SINGLE LIMIT \$ 5.0		0.000
^	701	ANY AUTO		BA 164930#13		9/1/2024	9/1/2023	(Ea accident) BODILY INJURY (Per persor	-	0,000
	-						1			
		AUTOS ONLY AUTOS						BODILY INJURY (Per accide PROPERTY DAMAGE	_	
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY		1.				Per accident)	\$	
_									\$	
В	X	UMBRELLA LIAB OCCUR		20-CU-003372915-2		9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000	0,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 1,000	0,000
		DED RETENTION\$							\$	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		AF WCP 100092019 03		4/10/2025	4/10/2026	PER OTH STATUTE ER		
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE					Í	E.L. EACH ACCIDENT	\$ 1,000	0,000
	(Man	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLÓY	\$ 1,000	0,000
	If yes	describe under CRIP TION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	T \$ 1.000	0.000
D		ition Liability		STP-422633		7/7/2023	7/7/2025			00,000
The	e cert ured	ION OF OPERATIONS / LOCATIONS / VEHICL ifficate holder is included as Addition is held liable for the conduct of the	nal Insu	red by only as Respects the C	Operation	ons of the Nar	space is require	d) and only to the extent t	nat the A	dditional
CEI	RTIF	ICATE HOLDER			CANC	ELLATION				
								SCRIBED POLICIES BE		

Delta College 1961 Delta Road University Center MI 48710 ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nicole Cutraro



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2025

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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 rights to the certificate holder in lie	eu of such endorsement(s).						
PRODUCER	CONTACT NAME:	CONTACT NAME:					
Acrisure   P.O. Box 510187	PHONE (A/C, No, Ext): 262-782-3940	FAX (A/C, No): 262-782-4198					
New Berlin WI 53151	E-MAIL ADDRESS: certs@hni.com						
	INSURER(S) AFFORDING	COVERAGE NAIC#					
	INSURER A: Lancer Insurance Compar	ny 26077					
INSURED	9362 INSURER B: Secura Insurance Compar	ny 22543					
Blue Lakes Charters & Tours Inc.; D&R Leasing Company Blue Lakes By The Bay LLC	INSURER c : Accident Fund National Ins	surance Co. 12305					
12154 N. Saginaw Rd.	INSURER D : ACE	22667					
Clio MI 48420	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 877967	7138 <b>REV</b>	ISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED 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							
L CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AF	FEORDED BY THE POLICIES DESCRIBED HE	REIN IS SUBJECT TO ALL THE TERMS					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TR			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		GL159193#13	9/1/2024	9/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC					GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$ Excluded
	OTHER:							\$
Α	AUTOMOBILE LIABILITY		BA164930#13 9/1/2024 9/	9/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000		
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED X SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
3	X UMBRELLA LIAB X OCCUR			20-CU-003372915-2	9/1/2024	9/1/2025	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			AF WCP 100092019 03	4/10/2025	4/10/2026	PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE F	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
- 1	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
)	Pollution Liability			STP-422633	7/7/2023	7/7/2025	Limit	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder is included as Additional Insured by only as Respects the Operations of the Named Insured and only to the extent that the Additional Insured is held liable for the conduct of the named insured.

CERTIFICATE HOLDER	CANCELLATION			
Delta College 1961 Delta Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
University Center MI 48710	AUTHORIZED REPRESENTATIVE			
	Nicole Cutraro			

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