JROBINSON

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/7/2025

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. 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 lieu of such endorsement(s).

PRODUCER		CONTACT Jennifer Robinson		
General Agency Company 525 E. Broadway Mount Pleasant, MI 48858		PHONE (A/C, No, Ext): (989) 817-4265	FAX (A/C, No): (98	
		E-MAIL ADDRESS: jrobinson@ga-ins.com		
		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A : EMCASCO Insurance Company		21407
INSURED Michigan International Prep School 7034 E Court St Davison, MI 48423-2546		INSURER B : Employers Mutual Casualty Co		21415
		INSURER C : EMC Property & Casualty Co		25186
		INSURER D:		
		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α X COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 500.000 CLAIMS-MADE | X | OCCUR 5/1/2025 5D86429 5/1/2026 X 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 3,000,000 X POLICY LOC PRODUCTS - COMP/OP AGG OTHER B COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** 5E86429 5/1/2025 5/1/2026 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY

5/1/2025

5/1/2025

5/1/2025

5/1/2025

5/1/2026

5/1/2026

5/1/2026

5/1/2026

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is an additional insured with regard to General Liability as respects their contract with the named insured.

5J86429

5H86429

5K86429

5K86429

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.
Onversity Center, iii 40710	Juf. B. Reinhardt

X

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

Retro date: 8/1/2017

Linebacker

В

DED X RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

ESCRIPTION OF OPERATIONS below

EXCESS LIAB

X

OCCUR

CLAIMS-MADE

10,000

N / A

EACH OCCURRENCE

Pers/Adv Injury

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

X PER STATUTE

Each Loss

Aggregate