**UPLIMIC-01** 

**JROBINSON** 

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2025

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).

1	If SUBROGATION IS WAIVED, subjethis certificate does not confer rights				uch end	lorsement(s	).	•	ment. A s	tatement on
	RODUCER eneral Agency Company				CONTACT Jennifer Robinson					
52	5 E. Broadway				PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-185					772-1855
Мо	ount Pleasant, MI 48858				ADDRE	<sub>SS:</sub> jrobinso	n@ga-ins	.com		
	•							ORDING COVERAGE		NAIC#
								il Casualty Co		21415
INS	SURED				INSURER B : EMC Property & Casualty Co					25186
	Uplift Michigan Academy				INSURE	RC:				
	W526 Division Street Stephenson, MI 49887				INSURER D:					
	otophonoon, iiii 40007				INSURE	RE:				
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER		
(	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY FORESTHER MAY BE ISSUED OR MAY POSSIBLE OF MAY POSSIBLE OF STANDING OF ST	REQU PEF	IREM RTAIN	IENT, TERM OR CONDITION . THE INSURANCE AFFORM	N OF A	NY CONTRA	CT OR OTHE	R DOCUMENT WITH RE	SPECT TO	WHICH THIS
INSF	EXCLUSIONS AND CONDITIONS OF SUCH		SUBF		BEEN	POLICY EFF	POLICY EXP			
A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY		IMITS	1 000 000
	CLAIMS-MADE X OCCUR			6D46187		7/1/2025	7/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 500,000
								MED EXP (Any one person)	\$	10,000
					- 1			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	3,000,000
	X POLICY PROT LOC		1					PRODUCTS - COMP/OP AC	GG \$	3,000,000
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO			6E46187		7/1/2025	7/1/2026	BODILY INJURY (Per perso	n) \$	
	OWNED AUTOS ONLY  X HITCOS ONLY  X AUTOS ONLY  X AUTOS ONLY							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	ent) S	
	AUTOS ONET				- 1			(Per accident)	S	
Α	X UMBRELLA LIAB X OCCUR							540000000000000000000000000000000000000	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			6J46187		7/1/2025	7/1/2026	EACH OCCURRENCE	\$	5,000,000
	DED X RETENTION\$ 10,000							AGGREGATE Pers/Adv Injury	\$	5,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH	\$  -	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				6H46187		7/1/2025	7/1/2026	E.L. EACH ACCIDENT	s	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1 1					E.L. DISEASE - EA EMPLOY	-	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM		1,000,000
Α	Linebacker			6K46187		7/1/2025	7/1/2026	Each Loss	11 13	1,000,000
A	Retrodate: 8/27/2019 6K46187					7/1/2025	7/1/2026	Aggregate		3,000,000
A		ES (A		6K46187	e, may be	7/1/2025	7/1/2026	Each Loss Aggregate		1,000
EF	RTIFICATE HOLDER				CANCE	ELLATION				
	The second secon				OANUE	LLA HON				
	Delta College 1961 Delta Rd University Center, MI 48710				SHOU THE ACCO	LD ANY OF THE EXPIRATION RDANCE WITH	HE ABOVE DI DATE THI H THE POLIC	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.	CANCELLI BE DEL	ED BEFORE IVERED IN
				F	h	ED REPRESEN B. Reinles				

Client#: 20712

#### **BAYGL**

## ACORD...

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/17/2025

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/ice) must have ADDITIONAL INSURED provisions

	UBROGATION IS WAIVED, subject certificate does not confer any rig						uire an endorsement. A	stateme	ent on	
PRODU				CONTACT Pe	ggy	Maschke, C	IC, CISR			
_	naw Bay Underwriters			PHONE (A/C, No. Ext): 9	89 7	52-8600	FAX (A/C, No	6		
	S. Washington					hke@sbuins	s.com			
P. O.	Box 1928			INSURER(S) AFFORDING COVERAGE					NAIC #	
Sagi	naw, MI 48605			INSURER A · Fra	anker	nmuth Insuran			Turio 2	
INSURE	ED .									
	Bay Glass & Paint Co Inc			INSURER B : ABC Mi. Self-Ins'd Workers Comp. Fund						
	1209 N Madison Ave			INSURER C :						
	Bay City, MI 48708-5980			INSURER D:						
				INSURER E :						
COV/E	ERAGES CER	TIFICATE	MIMOED	INSURER F:						
THIS INDI CER	CATED. NOTWITHSTANDING ANY RE CATED. NOTWITHSTANDING ANY RE CITIFICATE MAY BE ISSUED OR MAY RE LUSIONS AND CONDITIONS OF SUCH	S OF INSU QUIREMEN PERTAIN,	IT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY CONTRA D BY THE POL	ACT C	THE INSURED OR OTHER DO DESCRIBED	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WHI	CH THIS	
NSR .TR		ADDL SUBR				POLICY EXP (MM/DD/YYYY)				
A A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSR WVD					LIMIT			
A			6692668	07/01/2	2025	07/01/2026	DAMAGE TO RENTED	\$1,000		
-	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$750,0		
-				1			MED EXP (Any one person)	\$10,00		
							PERSONAL & ADV INJURY	\$1,000	-	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	-	
POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000	,000		
	OTHER:						COMBINED SINGLE LIMIT	\$		
AA	JTOMOBILE LIABILITY		6692667	07/01/2	2025	07/01/2026	(Ea accident)	\$1,000	,000	
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			1			PROPERTY DAMAGE (Per accident)	\$		
								\$		
A 📋	X UMBRELLA LIAB X OCCUR		6692668	07/01/2	07/01/2025	07/01/2026	EACH OCCURRENCE	\$3,000	000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000	000	
	DED X RETENTION \$10000							\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY		BAYGLC	05/01/2	025	05/01/2026	X PER OTH-			
	NY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$1,000,	000	
(M	landatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	1		
lf y DE	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,		
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ESCRI	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedul	le, may be attache	d if mo	ore space is requi	red)			
ERTI	FICATE HOLDER			CANCELLATION						
	Delta College 1961 Delta Road University Center, MI 487	710		THE EXPIRA	TION	DATE THEF	SCRIBED POLICIES BE CA REOF, NOTICE WILL BE ICY PROVISIONS.			
				AUTHORIZED REP	RESEI	NTATIVE				

### TSCHULTZ

DATE (MM/DD/YYYY) 5/30/2025

## **CERTIFICATE OF LIABILITY INSURANCE**

ACORD

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PRODUCER	CONTACT Tracy Schultz						
General Agency Company		:(989) 772-1855					
525 E. Broadway Mount Pleasant, MI 48858	E-MAIL ADDRESS: tschultz@ga-ins.com						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A : EMCASCO Insurance Company	21407					
INSURED	INSURER B : Employers Mutual Casualty Co	21415					
Great Lakes Learning Academy	INSURER C: EMC Property & Casualty Co	25186					
2875 Eyde Pkwy	INSURER D:						
East Lansing, MI 48823-5368	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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY		11.1.5		Timing St. 1 1 1 1 3		EACH OCCURRENCE	\$	1,000,00
		CLAIMS-MADE X OCCUR	X		5D89228	7/1/2025	7/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	X	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			5E89228	7/1/2025	7/1/2026	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_									\$	
В	X	UMBRELLA LIAB X OCCUR		5J89228				EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			7/1/2025	7/1/2026	AGGREGATE	\$	5,000,000	
		DED X RETENTION\$ 10,000						Pers/Adv Injury	\$	5,000,000
С	WORI AND	KERS COMPENSATION EMPLOYERS' LIABILITY	N/A		5H89228	7/1/2025	7/1/2026	X PER OTH-	•	
	ANYE	PROPRIETOR/PARTNER/EYECUTIVE Y/N						E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, DESC	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Line	backer			5K89228	7/1/2025	7/1/2026	Each Loss		1,000,000
В	Line	backer			5K89228	7/1/2025	7/1/2026	Aggregate		3,000,000

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

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
P	Jent B. Reinlandt