



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2025

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 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 Walton Insurance Group 2929 Spring Arbor Rd. P.O. Box 3029 Jackson MI 49204	CONTACT NAME: Andrea Masters PHONE (A/C No, Ext): (517) 796-6216 FAX (A/C No): (517) 796-6216 E-MAIL ADDRESS: amasters@waltoninsurancegroup.com														
INSURED Great Lakes Tower & Antenna Company, Inc. Great Lakes Tower Crane & Equipment Services, LLC P.O. Box 77 Flat Rock MI 48134	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: First Mercury Insurance</td> <td>10657</td> </tr> <tr> <td>INSURER B: EMC Insurance Companies</td> <td>21415</td> </tr> <tr> <td>INSURER C: RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER D: Zurich American Ins. Co</td> <td>16535</td> </tr> <tr> <td>INSURER E: Capital Specialty Insurance Co.</td> <td>10328</td> </tr> <tr> <td>INSURER F: Travelers Insurance Company</td> <td>36161</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: First Mercury Insurance	10657	INSURER B: EMC Insurance Companies	21415	INSURER C: RSUI Indemnity Company	22314	INSURER D: Zurich American Ins. Co	16535	INSURER E: Capital Specialty Insurance Co.	10328	INSURER F: Travelers Insurance Company	36161
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COVERAGES

CERTIFICATE NUMBER: 25-26 Master

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		GLO-178638	8/20/2025	8/20/2026	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> Pollution Liability						PERSONAL & ADV INJURY	\$ 2,000,000	
G	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			793-00-95-47-0005	8/5/2025	8/5/2026	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:						Pollution Liability	\$ 1,000,000	
B	AUTOMOBILE LIABILITY			6X36792	8/20/2024	8/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per person)				\$		
	<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident)				\$		
	<input checked="" type="checkbox"/> HIRED AUTOS		PROPERTY DAMAGE (Per accident)				\$		
	Underinsured motorist BI single limit	\$ 1,000,000							
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			NBA608352	8/20/2025	8/20/2026	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0								
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WC9313037-14	8/20/2025	8/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Professional Liability			SGC01610-16	8/20/2025	8/20/2026	Per Occurrence/Aggregate	\$2,000,000	
F	Installation Floater			QT-660-6F301954	8/20/2025	8/20/2026	Limit	\$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ATIMA Delta College is additional insured in respects the Liability of the named insured.

CERTIFICATE HOLDER

(989) 667-2201

Delta College
 Attn: Floyd
 1961 Delta Road
 University Center, MI 48710

CANCELLATION

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

D Schroeder/AMASTE

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