Client#: 13258 SPEBR1

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

and definidute does not define any rights to the definidute notice in field of such endorsement(s).						
PRODUCER	CONTACT Toni L. Claerhout					
Saginaw Bay Underwriters	PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):					
1258 S. Washington P. O. Box 1928	E-MAIL ADDRESS: tclaerhout@sbuins.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
Saginaw, MI 48605	<b>INSURER A: National Union Fire Insurance Co.</b>	19445				
INSURED	INSURER B : Cincinnati Insurance Co.	10677				
Spence Brothers	INSURER C: Federal Insurance Co.	20281				
203 S Washington STE 360	INSURER D : New Hampshire Insurance Co.	23841				
Saginaw, MI 48607	INSURER E: Continental Insurance Co.	35289				
	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.

	SCIONS AND CONDITIONS OF SOCI			LIWITS SHOWN WAT HAVE B		POLICY FYP		
	TYPE OF INSURANCE			POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL LIABILITY			3292195	09/01/2025	09/01/2026	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
GEN							GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:							\$
AUT	TOMOBILE LIABILITY			4544812	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident)	<b>\$2,000,000</b>
X							BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR			EXS0738849	09/01/2025	09/01/2026	EACH OCCURRENCE	\$10,000,000
X	EXCESS LIAB CLAIMS-MADE			6045984289	09/01/2025	09/01/2026	AGGREGATE	\$10,000,000
	DED X RETENTION \$0							\$
	EMPLOYEDELLIA DILITY			WC4840740	09/01/2025	09/01/2026	X PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A					E.L. EACH ACCIDENT	\$2,000,000
(Mai	ndatory in NH)	14,74					E.L. DISEASE - EA EMPLOYEE	\$2,000,000
							E.L. DISEASE - POLICY LIMIT	\$2,000,000
Lea	ased/Rented			06620573	09/01/2025	09/01/2026	\$500,000 Limit	
Eq	uipment						\$1,000 Deductible	
	X X WOIL AND AND OFF (Man If ye DES	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X MON-OWNED AUTOS ONLY X EXCESS LIAB X OCCUR CLAIMS-MADE	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Leased/Rented	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER EXECUTIVE N N/A  (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Leased/Rented	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yet oscillation in the property of	TYPE OF INSURANCE  ADDL SUBR (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X NON-OWNED AUTOS ONLY  UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N ANY ANY PROPRIETOR/PARTNER/EXECUTIVE N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Leased/Rented  ADDL SUBR (MM/DD/YYYY)  3292195  POLICY NUMBER (MM/DD/YYYY)  3292195  POLICY NUMBER (MM/DD/YYYY)  3292195  POLICY NUMBER (MM/DD/YYYY)  4544812  09/01/2025  EXSO738849 6045984289  09/01/2025  WC4840740  09/01/2025	TYPE OF INSURANCE  ADDL SUBR NOR POLICY NUMBER  POLICY EFF (MM/DD/YYYY)  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X HIRED DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  NON-OWNED DED X RETENTION \$0  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  N/A  NYA  WC4840740  POLICY EFF (MM/DD/YYYY)  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2025  09/01/2026  09/01/2026  09/01/2025  09/01/2026	TYPE OF INSURANCE  ADDL SUBR (MMDDYYYY)  X COMMERCIAL GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER:  POLICY X JECT LOC  OTHER:  AUTOMOBILE LIABILITY  X ANY AUTO  OWNED AUTOS ONLY  X RECESS LIAB  Deb X RETENTION SO  WORKERS COMPENSATION AND EMPLOYERS CLAIMS-MADE  Deb X RETENTION SO  WORKERS COMPENSATION AND EMPLOYERS CLAIMS-MADE  DEB X RETENTION SO  WC4840740  WC4840740  D6620573  D9/01/2025 D9/01/2026 S500,000 Limit  Leased/Rented  D9/01/2025 D9/01/2026 S500,000 Limit

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

Project: Delta Midland

Delta College, its elected and appointed officials, employees, students, volunteers and agents and Tower Pinkster are Additional Insured with respects to the General Liability and Umbrella Liability on a primary and noncontributory basis. Additional Insured applies to the Professional Liability. Waiver of Subrogation applies to General Liability, Auto Liability, Workers Compensation and Umbrella Liability policies. 30 Day Notice of Cancellation (10 Day Notice for nonpayment of premium) applies. (1/20)

CERTIFICATE HOLDER	CANCELLATION
Delta College Director of Facilities 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
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