



# CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)  
12/31/2025

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  
Willis Towers Watson Insurance Services West, Inc.  
c/o 26 Century Blvd  
P.O. Box 305191  
Nashville, TN 372305191 USA

|  |                                |
|--|--------------------------------|
| CONTACT NAME: WTW Certificate Center                   | FAX (A/C. No.): 1-888-467-2378 |
| PHONE (A/C. No. Ext.): 1-877-945-7378                  |                                |
| E-MAIL ADDRESS: certificates@wtwco.com                 |                                |
| INSURER(S) AFFORDING COVERAGE                          |                                |
| INSURER A: National Fire Insurance Company of Hartford | NAIC # 20478                   |
| INSURER B: Continental Insurance Company               | 35289                          |
| INSURER C:   |                                |
| INSURER D:   |                                |
| INSURER E:   |                                |
| INSURER F:   |                                |

INSURED  
K-LOVE, Inc.  
2000 Reams Fleming Blvd  
Franklin, TN 37064

## COVERAGES

CERTIFICATE NUMBER: W43434416

## 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   | ADD'L SUBR<br>INSD / WVD                       | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                    |               |
|----------|---|--|---------------|----------------------------|----------------------------|---|---------------|
| A        | COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |  |               |                            |                            | EACH OCCURRENCE                           | \$ 1,000,000  |
|          |   |  |               |                            |                            | DAMAGE TO RENTED PREMISES (EA occurrence) | \$ 1,000,000  |
|          |   |  |               |                            |                            | MED EXP (Any one person)                  | \$ 25,000     |
|          |   |  |               |                            |                            | PERSONAL & ADV INJURY                     | \$ 1,000,000  |
|          |   |  |               |                            |                            | GENERAL AGGREGATE                         | \$ 2,000,000  |
|          |   |  |               |                            |                            | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000  |
|          |   |  |               |                            |                            |   | \$            |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br>X POLICY <input type="checkbox"/> PRO-<br>JECT <input type="checkbox"/> LOC   |  |               |                            |                            | COMBINED SINGLE LIMIT (EA accident)       | \$ 1,000,000  |
|          | OTHER:  |  |               |                            |                            | BODILY INJURY (Per person)                | \$            |
|          |   |  |               |                            |                            | BODILY INJURY (Per accident)              | \$            |
|          |   |  |               |                            |                            | PROPERTY DAMAGE (Per accident)            | \$            |
|          |   |  |               |                            |                            |   | \$            |
| A        | AUTOMOBILE LIABILITY<br><br>ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                           |  | 7063629726    | 12/31/2024                 | 04/01/2026                 | EACH OCCURRENCE                           | \$ 17,000,000 |
|          |   |  |               |                            |                            | AGGREGATE                                 | \$ 17,000,000 |
|          |   |  |               |                            |                            | Prod Comp Ops                             | \$ 17,000,000 |
| B        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><br>EXCESS LIAB CLAIMS-MADE<br><br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |  | 7063629709CU  | 12/31/2024                 | 04/01/2026                 | X PER STATUTE                             | OTH ER        |
|          |   |  |               |                            |                            | E.L. EACH ACCIDENT                        | \$ 1,000,000  |
|          |   |  |               |                            |                            | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000  |
|          |   |  |               |                            |                            | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000  |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N<br><input checked="" type="checkbox"/> N/A | 7063629743    | 12/31/2025                 | 04/01/2026                 |   |               |

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

Re: Location #Delta Road, 5.5 miles SW of Bay City, University Center, MI. Site Name: University Center (WLKB FM)  
F.I.N. 5064, Lat/Long: N43-33-42/W83-58-52.

Delta College is included as an additional insured on General Liability policy per the attached endorsements, if required. Waiver of Subrogation is included on Workers Compensation policy, if required and as permitted by Law.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Delta College<br>1961 Delta Road<br>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<br>  |

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# EVIDENCE OF PROPERTY INSURANCE

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DATE (MM/DD/YYYY)  
12/31/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

|  |                          |                 |   |                              |                               |  |
|--|--------------------------|-----------------|---|------------------------------|-------------------------------|--|
| AGENCY   | PHONE<br>(A/C. No. Ext): | 1-877-945-7378  | COMPANY   |                              |                               |  |
| Willis Towers Watson Insurance Services West, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 37230-5191 USA |                          |                 | National Fire Insurance Company of Hartford<br>333 S Wabash Ave Fl 22<br>Chicago, IL 60604-4107 |                              |                               |  |
| FAX (A/C. No.):  | 1-888-467-2378           | E-MAIL ADDRESS: | certificates@wtwco.com  |                              |                               |  |
| CODE:  | SUB CODE:                |                 |   |                              |                               |  |
| AGENCY<br>CUSTOMER ID #:   |                          |                 |   |                              |                               |  |
| INSURED<br>K-LOVE, Inc.<br>2000 Reams Fleming Blvd<br>Franklin, TN 37064   |                          |                 |   | LOAN NUMBER                  | POLICY NUMBER<br>7063629712   |  |
|  |                          |                 |   | EFFECTIVE DATE<br>12/31/2024 | EXPIRATION DATE<br>04/01/2026 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:  |                          |                 |   |                              |                               |  |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

| COVERAGE INFORMATION  | PERILS INSURED | BASIC | BROAD | <input checked="" type="checkbox"/> SPECIAL |  |                     |          |
|---|----------------|-------|-------|---|--|---------------------|----------|
| COVERAGE / PERILS / FORMS   |                |       |       |   |  | AMOUNT OF INSURANCE |          |
| Business Personal Property, Special (including theft), Replacement Cost |                |       |       |   |  | 50,348,412          | 5,000    |
| Blanket Building  |                |       |       |   |  | 120,140,127         | 5,000    |
| Blanket Business Income   |                |       |       |   |  | 6,550,000           | 72 hours |
| Building Ordinance or Law   |                |       |       |   |  | 1,000,000           | 5,000    |

## REMARKS (Including Special Conditions)

Re: Location #Delta Road, 5.5 miles SW of Bay City, University Center, MI. Site Name: University Center (WLKB-FM) F.I.N. 5064, Lat/Long: N43-33-42/W83-58-52. Delta College is included as Loss Payee and Mortgagee on Property policy, if required.

## 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.

## ADDITIONAL INTEREST

|   |                           |                       |                                     |
|---|---------------------------|-----------------------|-------------------------------------|
| NAME AND ADDRESS  | ADDITIONAL INSURED        | LENDER'S LOSS PAYABLE | <input type="checkbox"/> LOSS PAYEE |
| Delta College<br>1961 Delta Road<br>University Center, MI 48710 | MORTGAGEE                 |                       |                                     |
|   | LOAN #                    |                       |                                     |
|   | AUTHORIZED REPRESENTATIVE |                       |                                     |
|   |                           |                       |                                     |