



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2016

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 Marsh USA Inc. 333 South 7th St., Suite 1400 Minneapolis, MN 55402-2400 Attn: Minneapolis.CertRequest@marsh.com Fax 212-948-0114	CONTACT NAME: _____	FAX (A/C, No): _____	
	PHONE (A/C, No, Ext): _____	E-MAIL ADDRESS: _____	
INSURED Patterson Dental Supply, Inc. 1031 Mendota Heights Road St. Paul, MN 55120	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Sentry Casualty Company		28460
	INSURER B : Sentry Insurance A Mutual Company		24988
	INSURER C : Starr Indemnity & Liability Company		38318
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** CHI-005689676-10 **REVISION NUMBER:** 3

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 INSD WVD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY			900531203	04/28/2016	04/28/2017	EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 0
								PERSONAL & ADV INJURY	\$ 2,000,000
								GENERAL AGGREGATE	\$ 4,000,000
								PRODUCTS - COMP/OP AGG	\$ 4,000,000
									\$
GEN'L AGGREGATE LIMIT APPLIES PER:									
	X	POLICY							
B	X	AUTOMOBILE LIABILITY			900531204 (AOS)	04/28/2016	04/28/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
B	X	ANY AUTO			900531205 (MA)	04/28/2016	04/28/2017	BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
									\$
C	X	UMBRELLA LIAB			1000040502161	04/28/2016	04/28/2017	EACH OCCURRENCE	\$ 5,000,000
		EXCESS LIAB						AGGREGATE	\$ 5,000,000
									\$
									\$
									\$
									\$
B	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			900531201 (AOS)	04/28/2016	04/28/2017	X PER STATUTE	
A		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			900531202 (HI, WI)	04/28/2016	04/28/2017		
A		If yes, describe under DESCRIPTION OF OPERATIONS below			90-05312-10 (CA)	04/28/2016	04/28/2017	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER Delta College 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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