

# CERTIFICATE OF LIABILITY INSURANCE

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).


<b>PRODUCER</b> Saginaw Bay Underwriters Commercial Lines 1258 S. Washington P.O. Box 1928 Saginaw, MI 48605	<b>CONTACT NAME:</b> PHONE (A/C. No., Ext): <b>989 752-8600</b>		FAX (A/C. No.):
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #:		
<b>INSURED</b> John M Jacobs Plumbing & Heating Inc. 3891 N. Euclid Ave Bay City, MI 48706	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : <b>Cincinnati Ins. Co.</b>		
	INSURER B : <b>Accident Fund Insurance Co.</b>		
	INSURER C :		
	INSURER D :		
	INSURER E :		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			<b>EPP0158248</b>	<b>09/01/2015</b>	<b>09/01/2016</b>	EACH OCCURRENCE	<b>\$1,000,000</b>								
							DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$100,000</b>								
							MED EXP (Any one person)	<b>\$5,000</b>								
							PERSONAL & ADV INJURY	<b>\$1,000,000</b>								
							GENERAL AGGREGATE	<b>\$2,000,000</b>								
							PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>								
								\$								
<b>A</b>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <b>Drive Other Car</b>			<b>EBA0035481</b>	<b>09/01/2015</b>	<b>09/01/2016</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1,000,000</b>								
							BODILY INJURY (Per person)	\$								
							BODILY INJURY (Per accident)	\$								
							PROPERTY DAMAGE (Per accident)	\$								
								\$								
								\$								
<b>A</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$			<b>EPP0158248</b>	<b>09/01/2015</b>	<b>09/01/2016</b>	EACH OCCURRENCE	<b>\$1,000,000</b>								
							AGGREGATE	<b>\$1,000,000</b>								
								\$								
								\$								
<b>B</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		<b>WCV6113800</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	<table border="1"> <tr> <td>E.L. EACH ACCIDENT</td> <td><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td><b>\$1,000,000</b></td> </tr> </table>	E.L. EACH ACCIDENT	<b>\$1,000,000</b>	E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>	E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**(12/14)**

<b>CERTIFICATE HOLDER</b>  Delta College 1961 Delta Rd. University Center, MI 48710	<b>CANCELLATION</b> 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  

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