

BLEDSMA



CERTIFICATE OF LIABILITY INSURANCE

3/15/2023

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).

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PRODUCER	CONTACT NAME:					
Hylant - Southeast Michigan	PHONE (A/C, No, Ext): (734) 741-0044 FAX (A/C, No): (734) 7	741-1850				
24 Frank Lloyd Wright Dr, Ste J4100 Ann Arbor, MI 48105	E-MAIL ADDRESS: AnnArbor-office@hylant.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Philadelphia Indemnity Ins Co	18058				
INSURED	INSURER B : Accident Fund Ins Co of America	10166				
West Michigan Aviation Academy	INSURER C: Philadelphia Insurance Companies	6777				
5363 44th Street	INSURER D:					
Grand Rapids, MI 49512	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:					

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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					(EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		PHPK2429244	7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
Α	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			PHPK2429244	7/1/2022	7/1/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	6,000,000
		EXCESS LIAB CLAIMS-MADE			PHUB819889 7/1/2022	7/1/2023	AGGREGATE	\$	6,000,000	
		DED X RETENTION \$ 10,000						Prod/Ops Aggr	\$	6,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PATNIER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER X OTH-		
			N / A		100042296	7/1/2022	7/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
			N/A	`				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Sch	nool Leaders Liab			PHPK2429252	7/1/2022	7/1/2023	7,000,000 Aggr		7,000,000
Α	Crir	me			PHPK2429244	7/1/2022	7/1/2023	Employee Dishonesty		500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Grand Valley State University is Additional Insured with regard to General Liability where required by written contract, subject to policy provisions. This insurance shall be considered Primary and Non-Contributory to any other insurance. Corporal Punishment Coverage included.

CERTIFICATE HOLDER	CANCELLATION
Grand Valley State University 1 Campus Drive Allendale. MI 49401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Alleridate, illi 45401	AUTHORIZED REPRESENTATIVE
	Nicholas 2 Hylant