



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2023

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 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 VTC Insurance Group Oxford Office 1097 S. Lapeer Road Oxford MI 48371		CONTACT NAME: Tim DeShaw PHONE (A/C, No, Ext): (248) 628-2565 E-MAIL ADDRESS: tdeshaw@vtcins.com FAX (A/C, No): (248) 628-2530															
INSURED Michael Parmelee Painting Inc 34904 Forest St Wayne MI 48184		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Crum & Forster Specialty Insurance Comp</td> <td>44520</td> </tr> <tr> <td>INSURER B: Acuity A Mutual Insurance Company</td> <td>14184</td> </tr> <tr> <td>INSURER C: Midwest Employers Casualty</td> <td>23612</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Crum & Forster Specialty Insurance Comp	44520	INSURER B: Acuity A Mutual Insurance Company	14184	INSURER C: Midwest Employers Casualty	23612	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 23-24 Master 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			EPK-146274	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 10,000			
	<input checked="" type="checkbox"/> Includes XCU						PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					Contractor's Pollution Legal Liability \$ 1,000,000				
B	AUTOMOBILE LIABILITY			K91331	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$			
							PROPERTY DAMAGE (Per accident) \$			
						\$				
A	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	EFX-124350	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 2,000,000			
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000			
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EWC005394	1/1/2024	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
										E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Errors & Omissions Lia			EPK-146274	12/31/2023	12/31/2024	Each Occurrence \$ 1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Contractual liability is provided subject to the terms, conditions & exclusions of the policy. Where Required by written contract, XXX are Add'l Insureds for General Liability (GL) with respects to Ongoing & Completed Operations on a Primary & Non-Contributory basis performed by the Named Insured & Add'l Insured as respects to Auto Liability. GL, Auto & Work Comp Policies include Waiver of Subrogation on behalf of Add'l Insureds as required by written contract where allowed by law. Excess Liability follows form. Insurer will endeavor to mail 30 days written notice of cancellation to the Certificate Holder.

CERTIFICATE HOLDER m.parmelee@comcast.net *FOR INSURANCE PURPOSE ONLY* ***** *****	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 Alan Chandler/TD 
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INS025 (201401)

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