



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/24/2025

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 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		CONTACT NAME: Tim DeShaw	
VTC Insurance Group Oxford Office 1097 S. Lapeer Road Oxford MI 48371		PHONE (A/C, No. Ext): (248) 628-2565	FAX (A/C, No.): (248) 628-2530
		E-MAIL ADDRESS: tdeshaw@vtcins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Acuity A Mutual Insurance Company 14184	
		INSURER B: Midwest Employers Casualty 23612	
		INSURER C: Palomar Excess and Surplus Insurance Co 16754	
		INSURER D:	
		INSURER E:	
		INSURER F:	

## COVERAGEs

CERTIFICATE NUMBER: 25-26 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Includes XCU  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC  OTHER:	K91331	12/31/2025	12/31/2026			EACH OCCURRENCE	\$ 1,000,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 250,000		
					MED EXP (Any one person)		\$ 10,000		
					PERSONAL & ADV INJURY		\$ 1,000,000		
					GENERAL AGGREGATE		\$ 3,000,000		
					PRODUCTS - COMP/OP AGG		\$ 3,000,000		
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	K91331	12/31/2025	12/31/2026			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
					BODILY INJURY (Per person)		\$		
					BODILY INJURY (Per accident)		\$		
					PROPERTY DAMAGE (Per accident)		\$		
							\$		
							\$		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	K91331	12/31/2025	12/31/2026			EACH OCCURRENCE	\$ 2,000,000	
					AGGREGATE		\$ 2,000,000		
							\$		
							\$		
B	<input checked="" type="checkbox"/> 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 Y N/A	EWC005394	1/1/2026	12/31/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER		
						E.L. EACH ACCIDENT		\$ 2,000,000	
						E.L. DISEASE - EA EMPLOYEE		\$ 2,000,000	
						E.L. DISEASE - POLICY LIMIT		\$ 2,000,000	
C	Errors & Omissions Lia		CEEP-25-0000650-00	12/31/2025	12/31/2026	Each Occurrence/Aggregate		\$1M / \$2M	
C	Contractor Pollution Liability		CEEP-25-0000650-00	12/31/2025	12/31/2026	Each Occurrence/Aggregate		\$1M / \$2M	

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

Project: XXX. 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

## CANCELLATION

m.parmelee@comcast.net

\*FOR INSURANCE PURPOSE ONLY\*  
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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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