

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2025

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 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).										on		
PRODUCER						CONTACT Teresa Lipe						
Security First Insurance Agency						PHONE (810) 732-5800 FAX						
P.O. Box 321070						E-MAIL   TI ine@teamsfi net						
1.0. Box 021010						ADDRESS:						
Flint MI 48532						INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company					NAIC # 10677	
INSURED						RB:						
Legal Services of Eastern Michigan, Inc.					INSURER C:							
436 S. Saginaw Street					INSURE							
Flint				MI 48502	INSURER E : INSURER F :							
COVERAGES CER			ATE	NUMBER: CL241217945	512 REVISION NUMBER:							
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA SCLUSIONS AND CONDITIONS OF SUCH PO	REME VIN, TI LICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT V D HEREIN IS SI LAIMS.	WITH RESPECT TO	O WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$ 1,00	0,000	
										\$ 10,0	00	
Α	GEN'L AGGREGATE LIMIT APPLIES PER:		Y	EPP 0305799		01/24/2025	01/24/2026	PERSONAL & ADV INJURY \$ 1,00		0,000		
										0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMF		\$ 2,00	0,000	
	OTHER:							Employee Benefits \$ 1,000,000		0,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 1,000,000		0,000		
	ANY AUTO					01/24/2025	01/24/2026	BODILY INJURY (Per person) \$				
Α	OWNED AUTOS ONLY HIRED CONLY AUTOS ONLY HIRED CONLY			EPP 0305799				BODILY INJURY (Per accident) \$				
								PROPERTY DAMAGE (Per accident) \$				
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCUPPENC	>F	\$		
	EXCECCIAR OCCUR							EACH OCCURRENC	\$			
	CLAIMS-MADE							AGGREGATE				
	DED   RETENTION \$   WORKERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNER FOR CUTIVE							· · · · · · · · · · · · · · · · · · ·		•		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH)  If yes, describe under									\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)		!			
Cer	tificate Holder Named As Additional Insured	Desig	nated	Person or Organization - For	m CG20	026 04 13						
A 1	and the Addition of Language II. Other Co. Co.											
	omatic Additional Insured - State Or Govern nary and Non-Contributory - Form GA227	menta	al Age	ncy - Form GA227								
Blanket Waiver of Subrogation - Form GA227												
CERTIFICATE HOLDER CANCELLATION												
Genesee County						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1101 Beach St											
		AUTHORIZED REPRESENTATIVE										
Flint MI 48502					Two of Pope							