

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/3/2024

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 BHS Insurance PO Box 953 Grandville MI 49468	CONTACT NAME: Dawn VandenBosch	
	PHONE (A/C, No, Ext): 616-261-7313	FAX (A/C, No): 616-574-3317
	E-MAIL ADDRESS: dvandenbosch@bhsins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Citizens Insurance Company	
INSURED GENECOU-01 Genesee Health System Genesee Community Health Center	INSURER B: Massachusetts Bay Insurance Co	22306
	INSURER C: Hanover Atlantic Insurance Com	
Attn: Mr. R David Hunter	INSURER D: Midwest Employers/MI Clubs Fun	23612
1040 W Bristol Rd.	INSURER E:	
Flint MI 48507	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 46056989	REVISION NUM	MBER:
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 ADDL SUBR	POLICY EFF POLICY EXP	

POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LTR INSD WVD \$1,000,000 Х **COMMERCIAL GENERAL LIABILITY** Ν Ν Z7IA870747 10/1/2024 10/1/2025 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR \$100,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ Incl in Gen Agg OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$1,000,000 В Ν A7I-A870989 10/1/2024 10/1/2025 ANY AUTO Х BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** С **UMBRELLA LIAB** L3Q A825448 09 10/1/2024 10/1/2025 OCCUR **EACH OCCURRENCE** \$3,000,000 Χ **EXCESS LIAB** CLAIMS-MADE \$3,000,000 AGGREGATE DED X RETENTION \$ 0 WORKERS COMPENSATION EWC008816 10/1/2023 10/1/2025 STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$2,000,000 N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$2,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$2,000,000 Professional Liability Professional Liability 1,000,000 L3QA825446 09 10/1/2024 Each Prof Incident 10/1/2025 N Aggregate Limit 3,000,000

CERTIFICATE HOLDER	CANCELLATION
For Your Information Only	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 JULIAN AUTHORIZED REPRESENTATIVE

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