

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/03/2025

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).

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PRODUCER		CONTACT NAME:					
Aon Risk Services Central, Inc. MSC# 17385		PHONE (A/C. No. Ext):	PHONE (866) 283-7122 FAX (A/C. No.): (800) 363-0105				
Aon PO Box 1447 Lincolnshire IL 60069 USA		E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COV	NAIC#			
INSURED		INSURER A:	Philadelphia Indemnity	Insurance Company	18058		
Easterseals MORC Health Care, 2399 E. Walton Blvd Auburn Hills MI 48326 USA	Inc.	INSURER B:	Accident Fund General	Insurance Company	12304		
		INSURER C:	AXIS Surplus Insurance	26620			
		INSURER E:					
		INSURER F:					
COVERACEO	OFFICIAL NUMBER 5704400405	\r	DEVIOLON	MUMPED			

COVERAGES CERTIFICATE NUMBER: 570116048505 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.

	CLUSIONS AND CONDITIONS OF SUCH					Lilling Show	vn are as requested
INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		PHPK2610122016	10/01/2025	10/01/2026	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
A	AUTOMOBILE LIABILITY		РНРК2610122016	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	NOTES CIVE!					Comp./Coll. Ded.	\$1,000
Α	X UMBRELLA LIAB X OCCUR		PHUB884329016	10/01/2025	10/01/2026	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		AFWCP100098810	10/01/2025	10/01/2026	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)	N/A				E.L. DISEASE-EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$500,000
Α	E&O - Professional Liability - Primary		PHPK2610122016 Claims Made	10/01/2025	10/01/2026	Aggregate Limit	\$3,000,000

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

CERTIFICATE HOLDER	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.

Easterseals MORC Health Care, Inc. 2399 E. Walton Blvd. Auburn Hills MI 48326 USA

AUTHORIZED REPRESENTATIVE

Aon Prisk Services Central Inc.

AGENCY CUSTOMER ID: 570000095998

LOC #:



ADDITIONAL REMARKS SCHEDULE

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<u> </u>							
AGENCY		NAMED INSURED					
Aon Risk Services Central, Inc.	Easterseals MORC Health Care, Inc.						
POLICY NUMBER See Certificate Number: 570116048505							
CARRIER	NAIC CODE						
See Certificate Number: 570116048505		EFFECTIVE DATE:					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
С	Cyber Liability			P00100121550503 Claims Made SIR applies per policy te		10/01/2026 ons	Aggregate Limit	\$5,000,000
							SIR	\$50,000
А	Miscellaneous Medical Professional Liab			PHPK2610122016 Commercial Pkg - BOR	10/01/2025	10/01/2026	Aggregate Limit	\$3,000,000