

MEMORANDUM OF AGREEMENT

BETWEEN

THE COUNTY OF GENESEE

**Acting By and Through
Genesee County Board of Commissioners
1101 Beach Street, Flint, Michigan 48502**

And

GENESEE HEALTH SYSTEM

420 W. Fifth Avenue, Flint, Michigan 48503

This Memorandum of Agreement ("Agreement") dated this ____ day of _____, 2023, ("Effective Date") is made by and between the County of Genesee, acting by and through the Genesee County Board of Commissioners, ("County") and Genesee Health System, acting by and through the Genesee Health System Board of Directors ("GHS").

RECITALS

WHEREAS, the County is a general law county, body politic and corporate, with powers and immunities provided by law under MICH. CONST. art. VII, § 1, formed in accordance with the authorization provided by Michigan's general county statute, R.S. 1846, Ch. 13, MCL 45.1 *et seq.*;

WHEREAS, under MICH. CONST. Art. VII § 8, the County Board of Commissioners has the legislative, administrative and other powers and duties provided by law, and further is authorized and empowered to act at a lawfully held meeting in accordance with Act 156 of 1851, MCL § 46.1 *et seq.*, to carry out those powers authorized by MCL § 46.11;

WHEREAS, GHS is a county mental health authority formed in accordance with the requirements of Michigan's Mental Health Code, Act 258 of 1974, MCL § 330.1001 *et seq.* and enabled by County resolution 12-369 as amended by County Resolution 12-395, (collectively, the "Enabling Resolution") and pursuant to MCL § 330.1204(1) is a public governmental entity separate from the County;

WHEREAS, pursuant to the Enabling Resolution, GHS has all the powers of a mental health authority set forth in the Mental Health Code, Act 258 of 1974, MCL § 330.1205(4), and in addition, all the powers set forth in the Enabling Resolution, including but not limited to the power to enter into contracts and agreements in the Authority's name, and to receive and expend funds for the purposes of the authority;

WHEREAS, the procedures and policies for GHS, as the community mental health authority, are set by the board of the community mental health services program, pursuant to MCL § 330.1204(2);

In Genesee County, there are local authorities that capture and use for authorized purposes tax increment revenues from property taxes levied by the County. Such captured revenue would include a portion of the proposed millage levy. The total amount of captured tax increment revenues from the proposed millage levy in the first calendar year of the levy is estimated to be \$298,584. The following such local authorities presently are expected to capture and receive disbursement of a portion of the County's property tax levy:

City of Clio Corridor Improvement Authority ("CIA"), Downtown Development Authority("DDA"), and Neighborhood Improvement Authority ("NIA"); City of Davison DDA and Local Development Finance Authority ("LFDA"); City of Fenton DDA and LFDA; City of Flushing NIA and CIA; City of Grand Blanc DDA; City of Linden DDA; City of Montrose DDA; City of Swartz Creek DDA; Genesee County Brownfield Redevelopment Authority and Land Bank Authority; Davison Township DDA; Flint Township DDA, Beecher Road CIA, and Bristol Road CIA; Grand Blanc Township DDA; Hill Road CIA; Mt. Morris Township Business Development Authority ("BDA"); Mundy Township DDA and Hill Road CIA; Vienna Township BDA; Village of Lennon DDA; Village of Otisville DDA; and Village of Otter Lake DDA.

Other such local authorities could be created in the future."

(Referred to in this Agreement as the "Millage".)

WHEREAS, County Res-2021-63 further certified the forgoing question to the County Clerk/Register and, through the County Clerk/Register, to the Board of Election Commissioners of Genesee County and resolved that a special election be called for May 4, 2021, throughout Genesee County, for the purpose of submitting the above-stated ballot question to the electorate, and that notice of the aforesaid election and of registration shall be given, the ballots therefor shall be prepared, the election shall be conducted, and the results thereof shall be canvassed and certified, all as required by law, by the County Clerk/Register, the Board of Election Commissioners, the Board of County Canvassers, and other election officials;

WHEREAS, the Millage proposal approved by the County Board of Commissioners in Res-2021-63, the text of which is repeated above, was submitted to a vote in a special election conducted on May 4, 2021, and passed by a majority vote of the electors;

WHEREAS, on June 9, 2021 the County Board of Commissioners passed Res-2021-407 by a unanimous vote, in which the Board of Commissioners proposed to adopt the 2021 millage rates, including the Millage rate approved by the electors for community mental health in the May 4, 2021 election, at the rate of .94 mils, and set June 23, 2021 as the date for public hearing on the proposed levy;

WHEREAS, following a public hearing on June 23, 2021, in Res-2021-431 the County Board of Commissioners found by a unanimous vote that it had complied with the procedures required by section 24e of the general property tax act, MCL § 211.24e, had published the required notices, had held the required public hearing, and therefore resolved to approve and direct the levy of 0.94 mills for improved community mental health services as part of the

II. Term

A. The term of this Agreement shall commence on the Effective Date and shall continue for three (3) years from the Effective Date ("Term"). In the event the Agreement is not renewed prior to the expiration of the Term, the terms of this Agreement shall continue on a month-to-month basis and each party shall continue to be obligated to timely perform its obligations hereunder after the expiration of the Term until this Agreement is either renewed, modified, replaced or terminated. Expiration of the Term of this Agreement shall not limit, restrict, compromise, waive or otherwise have any legal effect on either party's rights to enforce the terms hereof or the parties' respective rights regarding the Millage arising during the Term or any month-to-month continuation thereof.

III. Operation

A. GHS Agreements

1. GHS' Agreement Administrator will be Danis Russell or his successor at GHS. GHS acknowledges that the Administrator is the primary contact for notices and instructions related to this Agreement.
2. GHS shall utilize the Millage money solely for the uses as authorized by and described in the Millage. If there is any conflict between the language of the Millage and this Agreement the terms of the Millage shall govern.
3. GHS shall establish safeguards to prevent conflicts of interest involving GHS employees or contractors, and to assure that the Millage funds are used for the purposes intended by law.
4. GHS will deliver its proposed budget for the use of the \$9,595,118 estimated to be collected for the 2021 tax levy to the Genesee County Board of Commissioners not later than seven (7) days prior to the date of the regularly scheduled public meeting on which this Agreement is to be considered for approval by the County Board of Commissions. For each of the remaining nine (9) years in which GHS expects to receive Millage funding from the County, GHS will deliver to the County a budget setting forth the manner in which GHS anticipates the Millage funds will be expended during the next year, within 60 days of the date on which the County delivers in writing to GHS the dollar amount the County anticipates it will collect in connection with the Millage for each year.
5. GHS shall continue to provide its audited annual financial statements to the County as required by the Enabling Resolution, prepared in accordance with Generally Accepted Accounting Principles, which shall include information pertaining to the Millage funds in such form and

in the ordinary course of the funding required for such plans according to their terms or the law. Nothing herein shall prohibit GHS from increasing salaries or wages for employees, officers or directors in the ordinary course of business, notwithstanding that such individuals may be engaged in the delivery or administration of services using Millage funds.

12. GHS acknowledges and understands that the Chairperson of the Genesee County Board of Commissioners, pursuant to MCL 46.3(5), as amended, has the power to administer oaths, issues subpoenas, and compel a person's attendance in the same manner as a court of law.
13. GHS shall retain its business records regarding use of the Millage funds for each year in which Millage funds are collected for a period of 3 years after the expiration of such year.
14. GHS agrees that all information provided to the County by GHS will be true and correct and that its accounting system conforms to generally accepted accounting principles.

B. County Agreements

1. The County's Agreement Administrator will be Josh Freeman or his successor at the County. The County acknowledges that the Administrator is the primary contact for notices and instructions related to this Agreement.
2. Each year during which Millage funds are expected to be collected, commencing with the County levy for 2022, the County will deliver to GHS in writing the dollar amount the County estimates it will collect from the Millage levy for that year. The County will endeavor to make such delivery in approximately July of each year. For 2021, the estimated Millage funds expected to be collected are in the amount of \$9,595,118, as established by the Millage ballot.
3. The County shall distribute all collected Millage funds to GHS on an as-collected basis at least once per month commencing in the first calendar month following the first month of the year in which Millage funds are collected by the County. The County will provide monthly reports to GHS of the amount collected.

All disbursements of the Millage funds will be made via ACH electronic transfer to GHS pursuant to account directions provided by GHS to the County, as may be updated by GHS from time-to-time.

4. In June of each year throughout the term of this Agreement, commencing in June 2022 and continuing through June 2031, the County, in accordance with its standard practice, will take out a bond to settle delinquent taxes

- a. In the event the amount GHS expends for any programs funded by Millage funds exceeds the amount of Millage funds budgeted for such program, GHS, after submitting its plan for review by the County, may do one or more of the following: (a) fund the shortfall with funding sources other than the Millage revenue; (b) cut the services provided under such Millage program to bring the program within budget; or (c) fund the shortfall with Millage funds available from other budgeted Millage programs that have operated under-budget.
- b. In the event the total amount GHS expends in any year exceeds its total budget for programs enabled and funded by the Millage funds, it may not seek additional funding from the County to make up the shortfall, rather, GHS must find other funding sources or resources to make up the funding gap.
- c. In the event the total amount GHS expends in any year is less than the entire Millage fund amount paid by the County for that year, GHS may, in its sole and absolute discretion, (i) retain the unused amounts and use it to offset amounts that were expended in excess of budgeted amounts in prior years, or (ii) retain such amounts to cover the cost of programs authorized by the Millage and carried out in future years. Nothing in this agreement prohibits GHS from continuing to deliver services authorized by the Millage for a period longer than the 10 year period in which the millage is assessed against real property values, even though the Millage may no longer be collected from taxpayers after such 10 years, or from using the Millage funds paid by the County in any year in any subsequent years.
- d. GHS shall develop and establish the programs authorized by the Millage, and determine the budgets to be assigned for each such individual program, taking into account the input, advice, recommendations, priorities and suggestions from the County. Final decisions regarding the nature and extent of the programs to pursue and budgets to be assigned to such programs using Millage funding shall be made by GHS and its Board of Directors with due consideration for the input, advice, recommendations, priorities and suggestions communicated to GHS by the County.

D. Cost of Administration

1. The County will retain a flat Forty Thousand and 00/100 Dollars (\$40,000.00) from the Millage receipts, ("County Administration Fee") in consideration of the services required of the County to receive, manage and transfer the Millage funds, and for those additional services involved in reviewing those reports and records supplied by GHS, and for

8. Each party has had the opportunity to have this Agreement reviewed by legal counsel and has had equal opportunity to contribute to its contents. In the event of any dispute concerning the interpretation of this Agreement, there shall be no presumption in favor of any interpretation solely because the form of this Agreement was prepared by either party.

IN WITNESS WHEREOF, the individual or officer signing this Agreement certifies by her/his name that she/he is authorized to sign this Agreement on behalf of the respective party.

GENESEE HEALTH SYSTEM

By: Dan Russell

Danis Russell, CEO
Genesee Health System

Date: 6/26/2023

County OF GENESEE

By: Ellen Ellenburg

Ellen Ellenburg, Chairperson
Board of County Commissioners

Date: 6-22-23

GENESEE COUNTY INSURANCE CHECKLIST

Professional Service Contract:

MOA Genesee Health System

Coverage Required

Limits (Figures denote minimums)

X	1. Workers Compensation	Statutory limits of Michigan
X	2. Employers' Liability	\$100,000 accidental/disease \$500,000 policy limit, disease
X	3. General Liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including Products/Completed Operations and Contractual Liability and Premises/operations
X	4. Directors & Officers Liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including errors and omissions
X	5. Fiduciary Liability	\$1,000,000 limit
X	6. Automobile liability	\$1,000,000 combined single limit each accident – Owned, Hired, Non-owned
	7. Umbrella liability/Excess Coverage	\$2,000,000 BI & PD and PI
X	8. A copy of the specific additional insured endorsement naming Genesee County or a blanket additional insured endorsement must be attached to the certificate	
X	9. Other Insurance Required: Crime Policy (Faithful Performance) - \$1,000,000 limit with Genesee County named as additional insured	
	10. A 30-day notice of cancellation or non-renewal is required for all policies	
	11. Builders Risk "All Risk" for all materials and equipment of this contract	
X	12. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
X	13. The Certificate must state proposal number and title 23-335	
	**Additional coverage including excess liability, pollution and errors of omissions may be required Depending on the conditions of the building and processes to be utilized. Each NSP project is to be bid Separately, and each will require evaluation for possible risk exposure and additional insurance requirements	

Insurance Agent's Statement

I have reviewed the requirements with the proposer named below. In addition:

_____ The above required policies carry the following deductibles:

_____ Liability policies are **occurrence** _____ **claims made** _____

Insurance Agent

Signature

Prospective Contractor's Statement

I understand the insurance requirements and will comply in full if awarded the contract.

Contractor

Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department, and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.



GENECO-01

NIMMINK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2022

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).

PRODUCER BHS Insurance 3055 44th St SW Grandville, MI 49418	CONTACT NAME:	
	PHONE (A/C, No, Ext): (616) 531-1900	FAX (A/C, No): (616) 574-3317
INSURED Genesee Health System Attn: Accounts Payable 420 W. Fifth Ave. 2nd Floor, 808 Annex Flint, MI 48503	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Chubb	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC # 41386		

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☐ POLICY ☐ PRO-JECT ☐ LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	☐ ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	☐ DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) ☐ Y/N		N/A				PER STATUTE ☐ OTH-ER ☐
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Cyber Liability			D95162782	10/1/2022	10/1/2023	Maximum Single Limit 1,000,000
A	Cyber Liability			D95162782	10/1/2022	10/1/2023	Maximum Policy Agg 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes 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



GENECO-01

NIMMINK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/5/2022

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PRODUCER BHS Insurance 3055 44th St SW Grandville, MI 49418	CONTACT NAME: PHONE (A/C, No, Ext): (616) 531-1900 FAX (A/C, No): (616) 574-3317 E-MAIL ADDRESS:
INSURED Genesee Health System and Genesee Community Health Center Attn: Accounts Payable 2nd Floor, 808 Annex 420 W. Fifth Ave. Flint, MI 48503	INSURER(S) AFFORDING COVERAGE INSURER A: AIX Group INSURER B: Midwest Employers/MI Clubs Fund INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42552 23612

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☒ CLAIMS-MADE DED ☒ RETENTION \$ 0			L3Q A825448 07	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	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 N	N/A	EWC008816	10/1/2021	10/1/2023	☒ 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
A	Professional Liab			L3QA825446 07	10/1/2022	10/1/2023	Each Incident 1,000,000
A	Professional Liab			L3QA825446 07	10/1/2022	10/1/2023	Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lisa Bruder, LMSW, Employed at Genesee Health System

The following individuals are not an insured under this policy: physician, surgeon, osteopath, physicians' assistant, nurse practitioner, nurse anesthetist, nurse midwife, medical intern, medical resident, dentists, psychiatrist, podiatrist, chiroprapist or chiropractor. They need to have their own Medical Malpractice coverage.

CERTIFICATE HOLDER

CANCELLATION

For Credentialing Purposes Only-Entity Medical Malpractice Policy	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



GENECO-01

NIMMINK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2022

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		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Insurance Company	
		INSURER B: AIX Group	
		INSURER C: Midwest Employers/MI Clubs Fund	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Genesee Health System, Genesee Community Health Center Genesee County Community Mental Health Attn: Accounts Payable, 2nd Floor, 808 Annex 420 W Fifth Ave. Flint, MI 48503		NAIC # 31534 42552 23612	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☒ OTHER:			Z7IA870747	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			ADIA870989	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			L3Q A825448 07	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	☒ 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 N	N/A	EWC008816	10/1/2021	10/1/2023	☒ 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
B	☒ Professional Liabili			L3QA825446 07	10/1/2022	10/1/2023	\$1/\$3,000,000
B	☒ Professional Liabili			L1QA825447 07	10/1/2022	10/1/2023	\$1/\$3,000,000

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

CERTIFICATE HOLDER

CANCELLATION

For Your Information: Gl, Auto, Umb, Excess WC, Prof Liab Ind & Entity

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AUTHORIZED REPRESENTATIVE

AM Best Rating Services

Massachusetts Bay Insurance Company

 **AMB #:** 002226 **NAIC #:** 22306 **FEIN #:** 042217600

Administrative Office

440 Lincoln Street

Worcester, Massachusetts 01653-0002

[United States](#)

Web: www.hanover.com

Phone: 508-853-7200

Fax: 508-853-6332

[View Additional Address Information](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



AM Best Rating Unit: [AMB #:](#) 004861 - Hanover Ins Group Prop & Cas Cos

View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [058505 - The Hanover Insurance Group, Inc.](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A (Excellent)
Affiliation Code:	r (Reinsured)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 30, 1960

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Director: Edin Imsirovic

Director: Rosemarie Mirabella

Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

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Press Release

[AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries](#)

June 22, 2023

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	May 04, 2005

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes [Under Review Best's Rating](#)

Rating History

AM Best has provided ratings & analysis on this company since 1960.

Financial Strength Rating

Effective Date	Rating
June 22, 2023	A
June 21, 2022	A
June 17, 2021	A
June 18, 2020	A
June 13, 2019	A

Long-Term Issuer Credit Rating

Effective Date	Rating
June 22, 2023	a+
June 21, 2022	a+
June 17, 2021	a+
June 18, 2020	a+
June 13, 2019	a+

Best's Credit & Financial Reports



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<u>Date</u>	<u>Title</u>
Jun 22, 2023	AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
Jun 21, 2022	AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
Jun 17, 2021	AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
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Jun 07, 2018	A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
May 25, 2017	A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
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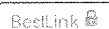


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AM Best Rating Services

The Hanover Atlantic Insurance Company Ltd.



AMB #: 094923 AIN #: AA3191316

Domiciliary Address

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Hamilton HM 11,
[Bermuda](#)

Phone: 508-853-7200

AM Best Rating Unit: [AMB #: 004861 - Hanover Ins Group Prop & Cas Cos](#)

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Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A (Excellent)
Affiliation Code:	r (Reinsured)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 28, 2016

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 28, 2016

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes [Under Review Best's Rating](#)

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Director: Edin Imsirovic

Director: Rosemarie Mirabella

Note: See the [Disclosure information Form](#) or [Press Release](#) below for the office and analyst at the time of the rating event.

Disclosure Information

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Press Release

[AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries](#)
June 22, 2023

Rating History

AM Best has provided ratings & analysis on this company since 2016.

Financial Strength Rating

Effective Date	Rating
June 22, 2023	A
June 21, 2022	A
June 17, 2021	A
June 18, 2020	A
June 13, 2019	A

Long-Term Issuer Credit Rating

Effective Date	Rating
June 22, 2023	a+
June 21, 2022	a+
June 17, 2021	a+
June 18, 2020	a+
June 13, 2019	a+

Best's Credit & Financial Reports



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Press Releases

<u>Date</u>	<u>Title</u>
Jun 22, 2023	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 21, 2022	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 17, 2021	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 18, 2020	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 13, 2019	<u>AM Best Upgrades Issuer Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 07, 2018	<u>A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
May 25, 2017	<u>A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 28, 2016	<u>A.M. Best Assigns Ratings to The Hanover Atlantic Insurance Company, Ltd.</u>

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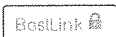


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AM Best Rating Services

Travelers Casualty and Surety Company of America



AMB #: 003609 NAIC #: 31194 FEIN #: 060907370

Domiciliary Address

One Tower Square
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[United States](#)

Web: www.travelers.com

Phone: 860-277-0111

Fax: 844-816-9447

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Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A++ (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	July 20, 2023
Initial Rating Date:	June 30, 1975

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	aa+ (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	July 20, 2023
Initial Rating Date:	April 18, 2005

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Senior Financial Analyst: Elizabeth Blamble

Senior Director: Michael J. Lagomarsino, CFA, FRM

Note: See the [Disclosure information Form](#) or [Press Release](#) below for the office and analyst at the time of the rating event.

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Press Release

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July 20, 2023

u Denotes [Under Review Best's Rating](#)

Rating History

AM Best has provided ratings & analysis on this company since 1975.

Financial Strength Rating

Effective Date	Rating
July 20, 2023	A++
July 29, 2022	A++
November 04, 2021	A++
November 05, 2020	A++
November 05, 2019	A++
October 31, 2018	A++

Long-Term Issuer Credit Rating

Effective Date	Rating
July 20, 2023	aa+
July 29, 2022	aa+
November 04, 2021	aa+
November 05, 2020	aa+
November 05, 2019	aa+
October 31, 2018	aa+

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Jul 29, 2022	AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
Nov 04, 2021	AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
Nov 05, 2020	AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
Nov 05, 2019	AM Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
Oct 31, 2018	A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
Oct 05, 2017	A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Subsidiaries
Jul 22, 2016	A.M. Best Affirms Ratings of The Travelers Companies, Inc. and Its Subsidiaries

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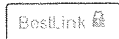


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AMB #: 000264 NAIC #: 31534 FEIN #: 380421730

Administrative Office

440 Lincoln Street

Worcester, Massachusetts 01653-0002

[United States](#)

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Fax: 508-853-6332

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Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A (Excellent)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 30, 1922

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Director: Edin Imsirovic

Director: Rosemarie Mirabella

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June 22, 2023

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	May 04, 2005

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes [Under Review Best's Rating](#)

Rating History

AM Best has provided ratings & analysis on this company since 1922.

Financial Strength Rating

Effective Date	Rating
June 22, 2023	A
June 21, 2022	A
June 17, 2021	A
June 18, 2020	A
June 13, 2019	A

Long-Term Issuer Credit Rating

Effective Date	Rating
June 22, 2023	a+
June 21, 2022	a+
June 17, 2021	a+
June 18, 2020	a+
June 13, 2019	a+

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Jun 07, 2018	A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
May 25, 2017	A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries
May 19, 2016	A.M. Best Affirms Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries

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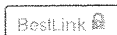


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AMB #: 094923 AIN #: AA3191316

Domiciliary Address

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Hamilton HM 11,
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Phone: 508-853-7200

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Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A (Excellent)
Affiliation Code:	r (Reinsured)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 28, 2016

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	a+ (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 22, 2023
Initial Rating Date:	June 28, 2016

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

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Rating Office: A.M. Best Rating Services, Inc.

Director: Edin Imsirovic

Director: Rosemarie Mirabella

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[AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries](#)
June 22, 2023

Rating History

AM Best has provided ratings & analysis on this company since 2016.

Financial Strength Rating

Effective Date	Rating
June 22, 2023	A
June 21, 2022	A
June 17, 2021	A
June 18, 2020	A
June 13, 2019	A

Long-Term Issuer Credit Rating

Effective Date	Rating
June 22, 2023	a+
June 21, 2022	a+
June 17, 2021	a+
June 18, 2020	a+
June 13, 2019	a+

Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [004861 - Hanover Ins Group Prop & Cas Cos.](#)



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Press Releases

<u>Date</u>	<u>Title</u>
Jun 22, 2023	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 21, 2022	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 17, 2021	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 18, 2020	<u>AM Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 13, 2019	<u>AM Best Upgrades Issuer Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 07, 2018	<u>A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
May 25, 2017	<u>A.M. Best Affirms Credit Ratings of The Hanover Insurance Group, Inc. and Its Subsidiaries</u>
Jun 28, 2016	<u>A.M. Best Assigns Ratings to The Hanover Atlantic Insurance Company, Ltd.</u>

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AM Best Rating Services

Midwest Employers Casualty Company



AMB #: 000739 NAIC #: 23612 FEIN #: 311169435

Administrative Office

14755 North Outer Forty Drive Suite 300
Chesterfield, Missouri 63017
[United States](#)

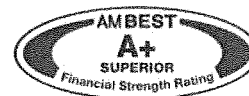
Web: www.mwecc.com

Phone: 636-449-7000

Fax: 636-449-7199

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Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



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AM Best Rating Unit: [AMB #: 058496 - W. R. Berkley Corporation](#)

Based on AM Best's analysis, [058496 - W. R. Berkley Corporation](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength [View Definition](#)

Rating (Rating Category):	A+ (Superior)
Affiliation Code:	r (Reinsured)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 01, 2023
Initial Rating Date:	June 01, 1993

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Associate Director : Kathryn Steffanelli

Director: Erik Miller

Note: See the *Disclosure information Form or Press Release* below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

View AM Best's [Rating Disclosure Form](#)

Press Release

[AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries](#)
June 01, 2023

Long-Term Issuer Credit [View Definition](#)

Rating (Rating Category):	aa- (Superior)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	June 01, 2023
Initial Rating Date:	June 22, 2005

Financial Size Category [View Definition](#)

Financial Size Category: XV (Greater than or Equal to USD 2.00 Billion)

u Denotes [Under Review Best's Rating](#)

Rating History

AM Best has provided ratings & analysis on this company since 1993.

Financial Strength Rating

Effective Date	Rating
June 01, 2023	A+
June 08, 2022	A+
May 27, 2021	A+
May 19, 2020	A+
May 10, 2019	A+

Long-Term Issuer Credit Rating

Effective Date	Rating
June 01, 2023	aa-
June 08, 2022	aa-
May 27, 2021	aa-
May 19, 2020	aa-
May 10, 2019	aa-

Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [058496 - W. R. Berkley Corporation](#).



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



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Press Releases

Date	Title
Jun 01, 2023	AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries
Jun 08, 2022	AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries
May 27, 2021	AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries
May 19, 2020	AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries
May 10, 2019	AM Best Affirms Credit Ratings of W. R. Berkley Corporation and Its Subsidiaries
May 24, 2018	A.M. Best Affirms Credit Ratings of W.R. Berkley Corporation and Its Subsidiaries
May 25, 2017	A.M. Best Affirms Credit Ratings of W. R. Berkley Corporation and Most Subsidiaries
Feb 26, 2016	A.M. Best Affirms Ratings of W.R. Berkley Corporation and Its Subsidiaries; Assigns Rating to Subordinated Debentures

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GENECO-01

DVANDENBOSCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/26/2023

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 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).

PRODUCER BHS Insurance 3055 44th St SW Grandville, MI 49418	CONTACT NAME: Dawn VandenBosch	
	PHONE (A/C, No, Ext): (616) 261-7313 FAX (A/C, No): (616) 261-7313	
	E-MAIL ADDRESS: dvandenbosch@bhsins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Citizens Insurance Company	31534
	INSURER B: Hanover Atlantic Insurance Company Ltd	
	INSURER C: Midwest Employers/MI Clubs Fund	23612
	INSURER D: Travelers Casualty and Surety Company of America	31194
	INSURER E:	
	INSURER F:	

INSURED Genesee Health System and Genesee Community Health Center
Attn: Accounts Payable
2nd Floor, 808 Annex
420 W. Fifth Ave.
Flint, MI 48503

COVERAGES

CERTIFICATE NUMBER:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		Z7IA870747	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			ADIA870989	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			L3Q A825448 07	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	☒ 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 N	N/A	EWC008816	10/1/2021	10/1/2023	☒ 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
D	Directors & Officers			107713951	10/1/2022	10/1/2023	3,000,000
B	Prof Liab/Each Inc			L3QA825446 07	10/1/2022	10/1/2023	\$1,000,000/Aggregate 3,000,000

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

Memorandum of Agreement dated 6-14-2023

Proposal Number and title 23-335

Crime Coverage: Citizens Ins. Co. of America/Policy Number Z7IA870747 07/Policy Term 10-01-22 to 10-01-23/Employee Theft \$200,000 limit

CERTIFICATE HOLDER

The County of Genesee
1101 Beach St.
Flint, MI 48502

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUMMARY OF COVERAGES

1.	Additional Insured by Contract, Agreement or Permit	Included
2.	Additional Insured – Primary and Non-Contributory	Included
3.	Blanket Waiver of Subrogation	Included
4.	Bodily Injury Redefined	Included
5.	Broad Form Property Damage – Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	Knowledge of Occurrence	Included
7.	Liberalization Clause	Included
8.	Medical Payments	Included
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10.	Non-owned Watercraft	51 ft.
11.	Supplementary Payments Increased Limits	
	- Bail Bonds	\$2,500
	- Loss of Earnings	\$1000
12.	Unintentional Failure to Disclose Hazards	Included
13.	Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

The following is added to **SECTION II – WHO IS AN INSURED**:

Additional Insured by Contract, Agreement or Permit

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf, but only with respect to:

- (1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;

- (2) Premises you own, rent, lease or occupy; or

- (3) Your maintenance, operation or use of equipment leased to you.

- b. The insurance afforded to such additional insured described above:

- (1) Only applies to the extent permitted by law; and

- (2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
 - (4) Will not be broader than coverage provided to any other insured.
 - (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
- c. This provision does not apply:
- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
 - (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
 - (3) To any lessor of equipment:
 - (a) After the equipment lease expires; or
 - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
 - (4) To any:
 - (a) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
 - (b) Managers or lessors of premises if:
 - (i) The occurrence takes place after you cease to be a tenant in that premises; or
 - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
 - (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.
- This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and

advertising injury" involved the rendering of or failure to render any professional services by or for you.

- d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE**:

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

- 1. Required by the contract, agreement or permit described in Paragraph a.; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

2. Additional Insured – Primary and Non-Contributory

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. Other insurance:

Additional Insured – Primary and Non-Contributory

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II – WHO IS AN INSURED**, is primary and non-contributory, the following applies:

If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages A or B of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the

Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (1) For the sole negligence of the Additional Insured;
- (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (3) when b. below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
 - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other Insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each

insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers

3. Blanket Waiver of Subrogation

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us:**

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

4. Bodily Injury Redefined

SECTION V – DEFINITIONS, Definition 3. "bodily injury" is replaced by the following:

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

5. Broad Form Property Damage – Borrowed Equipment, Customers Goods, Use of Elevators

- a. **SECTION I – COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Paragraph 2. **Exclusions** subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to **SECTION V – DEFINITIONS:**

24. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. worked on; or
- b. used in your manufacturing process.
- c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent

6. Knowledge of Occurrence

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

- e. Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.

7. Liberalization Clause

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

Liberalization Clause

If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.

8. Medical Payments

- a. **SECTION I – COVERAGES, COVERAGE C – MEDICAL PAYMENTS**, Paragraph 1. **Insuring Agreement**, subparagraph a.(3)(b) is replaced by the following:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and
- b. This coverage does not apply if **COVERAGE C – MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Part or by endorsement.

9. Newly Acquired Or Formed Organizations

SECTION II – WHO IS AN INSURED, Paragraph 3.a. is replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.

10. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. **Exclusions**, subparagraph g.(2) is replaced by the following:

g. Aircraft, Auto Or Watercraft

- (2) A watercraft you do not own that is:
 - (a) Less than 51 feet long; and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person who, with your consent, either uses or is responsible for the use of a watercraft.

11. Supplementary Payments Increased Limits

SECTION I – SUPPLEMENTARY PAYMENTS COVERAGES A AND B, Paragraphs 1.b. and 1.d. are replaced by the following:

- 1.b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

- 1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1000 a day because of time off from work.

12. Unintentional Failure to Disclose Hazards

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 6. **Representations:**

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

13. Unintentional Failure to Notify

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.