MICHIGAN CERTIFICATE OF SPECIFIC/AGGREGATE EXCESS LIABILITY INSURANCE

To: Workers' Compensation Agency
Michigan Department of Labor & Economic Growth
P.O. Box 30016
Lansing, Michigan 48909

Fax #: 517-322-5944
Email GSI: kreinerj@michigan.gov
Email ISI: staubf@michigan.gov

This certifies that a workers' compensation excess liability insurance policy has been issued to the employers named below and the filing of this certificate is confirmation that the excess liability insurance policy identified below is effective on the date stated, that the policy form is approved for use in Michigan by the Insurance Commissioner and complies with all requirements in the Michigan Workers' Disability Compensation Act of 1969 and Administrative Rule 408.43k. Cancellation or intent to not renew the policy by the insurer or insured must be by courier, certified or registered mail and sent to the Bureau of Workers' Disability Compensation not less than 60 days prior to the cancellation or nonrenewal.

Name of Insured Employers: **Hurley Medical Center**

Name/Address of Insurer: **Midwest Employers Casualty Company**
14755 North Outer Forty Drive, Suite 300
Chesterfield, Missouri 63017

Policy Number: **EWC010086** **Effective Date:** **01/01/2025**

TERMS OF COVERAGE

Specific

Policy Limit:	**STATUTORY**
Retention:	**$600,000**
Policy Term:	**01/01/2025 to 01/01/2027**

Aggregate

Policy Limit:	**N/A**
Retention Percentage:	**N/A**
Minimum Retention:	**N/A**
Estimated Retention:	**N/A**
Policy Term:	**01/01/2025 to 01/01/2027**

Midwest Employers Casualty Company
(Insurer)

Philip S. Welt

(Authorized Signature)

This certificate is subject to the terms, conditions and limitations of the agreement referred to and does not modify or expand the coverage provided by said agreement.

Date certificate issued: **12/31/2024**