

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/29/2025

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 his certificate does not confer rights to	to th	ne ter	rms and conditions of th	e polic	y, certain po	olicies may r		rsement	. A sta	atement on	
PRODUCER						CONTACT NAME: WTW Certificate Center						
Willis Towers Watson Northeast, Inc.											1-888-467-2378	
c/o 26 Century Blvd P.O. Box 305191						E-MAIL ADDRESS: certificates@wtwco.com						
Nashville, TN 372305191 USA INSURED						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: National Union Fire Insurance Company of P 19445						
Advance Local						INSURER B:						
One World Trade Center						INSURER C:						
43rd Floor New York, NY 10007						INSURER D:						
Non 2022, MI 1000/						INSURER E :						
		INSURER F:										
	VERAGES CER	REVISION NUMBER:										
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY FOR A SUCHIONS OF SUCHION	QUIR PERT POLIC	REMENTAIN, TOTAL CONTROL OF THE CONT	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	CT TO V	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	ĒD	\$	1,000,000	
A	CLAIMS-MADE OCCUR							PREMISES (Ea occu			10,000	
				025828529		01/01/2025	01/01/2026	MED EXP (Any one p		\$	2,000,000	
								PERSONAL & ADV I		\$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$		
	POLICY X PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE	LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$		
	ANY AUTO							BODILY INJURY (Pe		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANYPOPRIETOLICS AND THE ANY							E.L. EACH ACCIDEN	NT	\$		
								E.L. DISEASE - EA E		\$		
								E.L. DISEASE - POL		\$		
									-			
Re:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Name of New Paper: Advance He	ealt	hcar	re-An Affiliate of MI	Live.	e attached if more	e space is require	ed)				
Advance Healthcare-An Affiliate of MLive Advance Local Holding												
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.						
Genesee County Health Department						AUTHORIZED REPRESENTATIVE						
630 S. Saginaw St. Ste 4						Detail A. Denvi						
Flint MT 48502						Potricia a Forez						

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