GENESEE COUNTY
SENIOR SERVICES

Insurance Information
Binson's

1101 Beach Street Room 100 Flint MI 48502 (810) 424-4478

GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR: **RFP:25-433 –Respite Services Provider**

Coverage Required		Limits (Figures denote minimums)
X	1. Workers Compensation	Statutory limits of Michigan
X	2. Employers' Liability	$500,000 accidental/disease $1,000,000 policy limit, disease Including Premises/Operations
X	3. General Liability	$1,000,000 per occurrence with $2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
X	4. Professional Liability	$1,000,000 per occurrence with $2,000,000 aggregate Including errors and omissions
	5. Medical Malpractice	$200,000 per occurrence $800,000 in aggregate
X	6. Automobile liability	$1,000,000 combined single limit each accident – Owned, Hired, Non-owned
X	7. Umbrella liability/Excess Coverage	$1,000,000 BI & PD and PI
X	8. Genesee County named as an additional insured on other than worker' compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.	
X	9. Other Insurance Required: Cyber Liability, Crime, Abuse and Molestation	
X	10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
X	11. The Certificate must state proposal number and title 24-395	

Insurance Agent's Statement

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

_____ The above required policies carry the following deductibles:

PL $10k; Crime $30k; Cyber $25k;

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

Regina Jessup-Goodman — R Jessup Goodman

Insurance Agent — Signature

Prospective Contractor's Statement

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

Valley Supplemental Staffing, Inc — Nicholas Ruiz

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.

BINSHOS-01 DVENEGAS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/13/2025

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).

PRODUCER	CONTACT NAME: Dustin Venegas
Goodman Venegas Insurance Agency, Inc, 2800 Livernois, Suite 170 Troy, MI 48083	PHONE (A/C, No, Ext): (248) 928-8193 FAX (A/C, No): (248) 740-9191 E-MAIL ADDRESS: dvenegas@goodmanvenegas.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Frankenmuth Insurance Company	13986
INSURER B : Landmark American Ins Company	33138
INSURER C : Hartford Steam Boiler	11452
INSURER D : Twin City Fire Insurance, Co.	29459
INSURER E :	
INSURER F :	

INSURED

Valley Supplemental Staffing, Inc.
G4443 Miller Rd, Ste 102
Flint, MI 48507

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		6752443	9/9/2024	9/9/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 750,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	X		6752442	9/9/2024	9/9/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	X		6752443	9/9/2024	9/9/2025	EACH OCCURRENCE AGGREGATE Gen Agg	$ 4,000,000 $ $ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		6752463	9/9/2024	9/9/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
B	Professional - Medical	X		LHM857204	4/12/2024	4/12/2025	Gen. Agg.	4,000,000
C	Cyber Liability			CY-0005513910-01	3/9/2025	3/9/2026	Aggregate	3,000,000
D	Crime			35KB0283128-25	2/1/2025	2/1/2026	Aggregate	3,000,000

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

RE: Professional Services Contract for RFP 25-433 Respite Services Provider; Genesee County is an additional insured on all relevant policies, per written contract. Coverage will be primary and non-contributory. Professional policy includes $1,000,000 sub-limit for abuse/molestation.

CERTIFICATE HOLDER

Genesee County
Purchasing Department
1101 Beach St, Room 361
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

R Jessup Goodman

GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR: RFP:25-442 –In-Home Personal Care & Homemaking Services

Coverage Required		Limits (Figures denote minimums)
X	1. Workers Compensation	Statutory limits of Michigan
X	2. Employers' Liability	$500,000 accidental/disease $1,000,000 policy limit, disease Including Premises/Operations
X	3. General Liability	$1,000,000 per occurrence with $2,000,000 aggregate Including Products/Completed Operations and Contractual Liability
X	4. Professional Liability	$1,000,000 per occurrence with $2,000,000 aggregate Including errors and omissions
	5. Medical Malpractice	$200,000 per occurrence $800,000 in aggregate
X	6. Automobile liability	$1,000,000 combined single limit each accident – Owned, Hired, Non-owned
X	7. Umbrella liability/Excess Coverage	$1,000,000 BI & PD and PI
X	8. Genesee County named as an additional insured on other than worker' compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.	
X	9. Other Insurance Required: Cyber Liability, Crime, Abuse and Molestation	
X	10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
X	11. The Certificate must state proposal number and title 24-395	

Insurance Agent's Statement

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

_____ The above required policies carry the following deductibles:

PL $10k; Crime $30k; Cyber $25k;

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

Regina Jessup-Goodman — R Jessup Goodman

Insurance Agent — Signature

Prospective Contractor's Statement

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

Valley Supplemental Staffing II Inc. — [signature]

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.

BINSHOS-01 DVENEGAS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2025

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PRODUCER	CONTACT NAME: Dustin Venegas	
Goodman Venegas Insurance Agency, Inc, 2800 Livernois, Suite 170 Troy, MI 48083	PHONE (A/C, No, Ext): (248) 928-8193	FAX (A/C, No): (248) 740-9191
	E-MAIL ADDRESS: dvenegas@goodmanvenegas.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Frankenmuth Insurance Company	13986
INSURED	INSURER B : Landmark American Ins Company	33138
Valley Supplemental Staffing, Inc. G4443 Miller Rd, Ste 102 Flint, MI 48507	INSURER C : Hartford Steam Boiler	11452
	INSURER D : Twin City Fire Insurance, Co.	29459
	INSURER E :	
	INSURER F :	

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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		6752443	9/9/2024	9/9/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 750,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	X		6752442	9/9/2024	9/9/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	X		6752443	9/9/2024	9/9/2025	EACH OCCURRENCE AGGREGATE Gen Agg	$ 4,000,000 $ $ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		6752463	9/9/2024	9/9/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
B	Professional - Medical	X		LHM857204	4/12/2024	4/12/2025	Gen. Agg.	4,000,000
C	Cyber Liability			CY-0005513910-01	3/9/2025	3/9/2026	Aggregate	3,000,000
D	Crime			35KB0283128-25	2/1/2025	2/1/2026	Aggregate	3,000,000

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

RE: Professional Services Contract for RFP 25-442 In Home Personal Care & Homemaking Services; Genesee County is an additional insured on all relevant policies, per written contract. Coverage will be primary and non-contributory. Professional policy includes $1,000,000 sub-limit for abuse/molestation.

CERTIFICATE HOLDER

Genesee County
Purchasing Department
1101 Beach St, Room 361
Flint, MI 48502

CANCELLATION

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AUTHORIZED REPRESENTATIVE

R Jessup Goodman

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/5/2025

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PRODUCER	CONTACT NAME: Dustin Venegas	
Goodman Venegas Insurance Agency, Inc. 2800 Livernois, Suite 170 Troy, MI 48083	PHONE (A/C, No, Ext): 248-740-9090	FAX (A/C, No): 248-740-9191
	E-MAIL ADDRESS: dvenegas@goodmanvenegas.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Frankenmuth Insurance Company	13986
INSURED Valley Supplemental Staffing, Inc. Attn. Robbyn Morphew G4443 Miller Rd., Suite 102 Flint, MI 48507	INSURER B : Landmark Insurance Company	33138
	INSURER C : Hartford Steam Boiler	29890
	INSURER D : Twin City Fire Ins Co	29459
	INSURER E :	
	INSURER F :	

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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	CPP 6752443	9/9/2024	9/9/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 750,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BA 6752443	9/9/2024	9/9/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			CPP 6752443	9/9/2024	9/9/2025	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WC 6752463	9/9/2024	9/9/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
B	Professional Liability			LHM865684	4/12/25	4/12/26	GENERAL AGGREGATE	$ 4,000,000
C	Cyber Liability			01-CY-0005513910	3/9/25	3/9/26	GENERAL AGGREGATE	$ 3,000,000
D	Crime			35KB0283128-25	2/1/25	2/1/26	GENERAL AGGREGATE	$ 3,000,000

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

Genesee County is an additional insured regarding General Liability, per written contract. Coverage shall be primary and non-contributory. They are granted a waiver of subrogation in their favor.

CERTIFICATE HOLDER

Genesee County
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

R Jessup Goodman

Frankenmuth INSURANCE

ACCOUNT **700001237128** POLICY **6752443** AGENT **0211248**

Commercial Policy

Binson's Hospital Supplies Inc
26834 Lawrence
Center Line, MI 48015-1262

POLICY CHANGE

Declaration

Binson's Hospital Supplies Inc
26834 Lawrence
Center Line, MI 48015-1262

Goodman Venegas Insurance Agency, Inc.

248-740-9090

Thank you for insuring your business with us.

This package includes important coverage details about your Frankenmuth Insurance policy.

Please carefully review and safely file this information for future reference.

Frankenmuth Insurance provides:

- Loss control and safety expert consultations
- Fast, fair claims service
- Financial stability - rated A (Excellent) by AM Best
- Peace of mind since 1868

Discover more at www.fmins.com.

Keep your coverage up to date

As your business changes and grows and the value of your property increases, your insurance needs will change as well. Talk to your agent to make sure your assets are covered properly.

Register your account online

Take advantage of our online payment option and email delivery system by registering your account at www.fmins.com/register.

Report or track a claim

We are always available at 800-234-4433 or secure.fmins.com/phs/fileAClaim.aspx.

Billing services

Call 800-288-6121. Please have your account number available to help us serve you.

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

NAMED INSURED
Binson's Hospital Supplies Inc
DBA Binson's Home Healthcare Centers, DBA Binson's Pharmacy I Inc, DBA Binson's Medical Equipment & Supplies, DBA Binson's Pharmacy LLC, DBA Binson's Pharmacy Inc, DBA HBC Pharmacy, DBA Service Center Compression Therapy Products, DBA Access and Adapt Ability Co
26834 Lawrence
Center Line, MI 48015-1262

Policy Change Declaration

ISSUE DATE
06/10/2025 at 03:16 PM

AGENT
Goodman Venegas Insurance Agency, Inc.
2800 Livernois Rd Ste 170
Troy, MI 48083
Phone: (248) 740-9090 Agent: 0211248/0211248

LEGAL ENTITY
Corporation

CHANGE EFFECTIVE DATE
06/03/2025 at 12:01AM

Insurer: Frankenmuth Insurance Company

Reason for Amendment Additional Interest Add/Change/Delete

Summary of Coverages and Premiums

Premiums

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment. In return for the payment of the premium, and subject to all the terms of this policy, we agree to provide the insurance as stated in this policy.

COVERAGE PARTS	PREVIOUS POLICY NO.	POLICY NO.	POLICY TERM	PREMIUM
Commercial Property		6752443	09/09/2024 to 09/09/2025 12:01 AM	$195,617
General Liability		6752443	09/09/2024 to 09/09/2025 12:01 AM	$123,800
Crime		6752443	09/09/2024 to 09/09/2025 12:01 AM	$973
Inland Marine		6752443	09/09/2024 to 09/09/2025 12:01 AM	$15,407
Commercial Umbrella		6752443	09/09/2024 to 09/09/2025 12:01 AM	$49,007
Premium for Terrorism Coverage		6752443	09/09/2024 to 09/09/2025 12:01 AM	Waived
	Total Annual Premium			$384,804

Policy Locations

1
26834 Lawrence
Center Line, MI
Macomb 48015-1262

2
30475 Woodward Ave
Royal Oak, MI
Oakland 48073-0914

3
26819 Lawrence
Center Line, MI
Macomb 48015-1261

4
25709 Van Dyke Ave
Center Line, MI
Macomb 48015-1841

5
26770 Liberal
Center Line, MI
Macomb 48015-1237

6
7277 Bernice
Center Line, MI
Macomb 48015

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

Policy Locations

7
18800-18900 Eureka Rd
Southgate, MI
Wayne 48195-3166

8
43900 Schoenherr Rd
Sterling Heights, MI
Macomb 48313-1120

9
6475 Rochester Rd
Troy, MI
Oakland 48085-1306

10
21571 Kelly Rd
Eastpointe, MI
Macomb 48021-3213

11
26330-26332 Lawrence
Center Line, MI
Macomb 48015-1268

12
2191 S Lorenz Rd
Tawas City, MI
Iosco 48763-9594

13
13450 Farmington Rd
Livonia, MI
Wayne 48150-4207

14
36475 5 Mile Rd RM 21519
Livonia, MI
Wayne 48154

15
4433 Miller Rd
Flint, MI
Genesee 48507-1123

16
1 Hurley Plaza Ste 100
Flint, MI
Genesee 48503

17
G4443 Miller Road
Flint, MI
Genesee 48507

18
26830 Liberal
Center Line, MI
Macomb 48015-1259

19
Reimport Road Trail, Parcel #010-016-100-002-00
Tawas City, MI
Iosco 48763

20
5250 Auto Club Dr Ste 130

Dearborn, MI
Wayne 48126-2619

21
25780 Commerce Dr

Madison Heights, MI
Oakland 48071-4157

22
455 E Grand River Ave Ste 206
Brighton, MI
Livingston 48116-1545

23
203 John Street
Holly, MI
Oakland 48442

24
5863 Jackson Rd
Ann Arbor, MI
Washtenaw 48103-9573

25
44405 Woodward Ave Ste 1
Pontiac, MI
Oakland 48341

26
15012 Edgerton Rd, Ste 400
New Haven, IN
Allen 46774

27
22151 Moross Rd Ste 203
Grosse Pointe, MI
Wayne 48236

28
1301 Catherine St Ste 2301C and 2259
Ann Arbor, MI
Washtenaw 48109-2026

29
610 N Michigan St Ste 104

South Bend, IN
St. Joseph 46601-1078

30
605 N. Hickory Rd, Unit 810

South Bend, IN
St. Joseph 46615

31
3225 Southview Dr Ste 500
Elkhart, IN
Elkhart 46514

32
11800 E 12 Mile Rd
Warren, MI
Macomb 48093-3472

33
24700 Northwestern Hwy
Southfield, MI
Oakland 48075

34
1314 E 7th St Ste 105
Auburn, IN
DeKalb 46706-2533

35
2934 E DuPont Rd
Fort Wayne, IN
Allen 46825-1667

36
5204 Jackson Rd Ste B
Ann Arbor, MI
Washtenaw 48103-1866

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

Additional Named Insureds

LOCATION	FEIN	NAME	DBA	LEGAL ENTITY
All	**-***3810	13450 Farmington LLC		Limited Liability Company
All	**-***4545	18800 Eureka LLC		Limited Liability Company
All	**-***3374	25780 Commerce LLC		Limited Liability Company
All	**-***1724	26330 Lawrence LLC		Limited Liability Company
All	**-***1725	26830 Lawrence, LLC		Limited Liability Company
All	**-***3557	26830 Liberal Partners LLC		Limited Liability Company
All	**-***3629	43900 Schoenherr LLC		Limited Liability Company
All	**-***5952	6475 Rochester Road LLC		Limited Liability Company
All	**-***6113	7277 Bernice II LLC		Limited Liability Company
All	**-***3289	Access & Adapt Ability Co	DBA Service Center Compression Therapy Products	Corporation
All	**-***3288	Air Serve, LLC		Limited Liability Company
All	**-***1519	Binson Family Investments LLC		Limited Liability Company
All	**-***3548	Binson LLC		Limited Liability Company
All	**-***3728	Binson's Home Medical Supply & Equipment Inc.		Corporation
All	**-***7149	Binson's Medical Equipment and Supplies Inc.		Corporation
All	**-***5845	Binson's Medical Equipment, Inc.	DBA Binson's Home Infusion, DBA Binson's Outpatient Pharmacy, DBA Binson's RX, DBA Lobby Pharmacy, DBA Binson's Medical Equipment & Supplies	Corporation
All	**-***6444	Binsons Family Limited Partnership		Corporation
All	**-***9514	Birmingham Equities LLC		Limited Liability Company
All	**-***7690	Bon Secours Cottage Home Medical Inc	DBA Binson's Home Health Care Center	Corporation
All	**-***6526	Care Connection Plus, Inc		Corporation
All	**-***6300	Caremed LLC		Limited Liability Company
All	**-***4622	G-4433 Miller LLC		Limited Liability Company
All	**-***5845	H-Care Pharmacy	DBA Binson's Medical Equipment Inc.	Corporation
All	**-***0657	HYDRO STAT LLC		Limited Liability Company
All	**-***0191	Hurley Binson's Medical Equipment Inc.	DBA H-Care, DBA H-Care Pharmacy, DBA HBC Pharmacy	Corporation
All	**-***5619	Northern Brace Company, Inc.		Corporation
All	**-***4979	Northwood, Inc	DBA Assurascript, DBA Care Connection Plus	Corporation

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

Additional Named Insureds

LOCATION	FEIN	NAME	DBA	LEGAL ENTITY
All	**-***8821	Peoples Home Medical Services Equipment Inc.		Corporation
All	**-***3333	Personal Home Care Medical Equipment Inc.		Corporation
All	**-***7636	Tawas Investments LLC		Limited Liability Partnership
All	**-***0191	Valley Supplemental Staffing, Inc.	DBA Binson's Nursing & Staffing Services, DBA Valley Nursing & Staffing Services	Corporation

Billing Information

PAYMENT PLAN 12-Pay
BILLING METHOD Direct Bill - Your billing account will reflect any change in premium.

Payments and credits may be applied to all policies on the same billing account and may be applied from one policy term to another. Payment received for less than the billed amount may be pro-rated to each policy and may result in cancellation of all policies for nonpayment of premium.

Forms and Endorsements

The following is a list of the forms and endorsements that make up your policy. Refer to these as needed for detailed information concerning your coverage. Some of these forms were provided when you first purchased your insurance. If you have added new coverages or if the form describing a coverage has changed since you purchased or last renewed your policy, a new copy of the form may be found in this package. An asterisk (*) indicates a new or updated version is included in this package.

TITLE	FORM NUMBER	EDITION DATE
Commercial Property Coverage Part		
Common Policy Conditions	IL0017	11-98
Effective Time Changes - Replacement Of 12 Noon	IL0022	05-87
Commercial Property Conditions	CP0090	07-88
Building And Personal Property Coverage Form	CP0010	10-12
Michigan Changes - Premier Property Endorsements	19346	06-21
Michigan Changes	CP0120	05-23
Indiana Changes - Rights Of Recovery	CP0152	07-96
Indiana Changes - Concealment, Misrepresentation Or Fraud	IL0156	11-17
Indiana Changes	IL0158	09-08
Indiana Changes - Cancellation And Nonrenewal	IL0272	11-21
Actual Cash Value And Depreciation Amendatory Endorsement	19332	09-21
Indiana Changes - Amendment of Definition of Pollutants	14078	01-17
Indiana Changes - Pollution	IL0192	02-08
Business Income (And Extra Expense) Coverage Form	CP0030	10-12
Business Income Coverage Actual Loss Sustained (Twelve Month Limitation)	07759	03-09
Legal Liability Coverage Form	CP0040	10-12
Calculation Of Premium	IL0003	09-08
Cap On Losses From Certified Acts Of Terrorism	IL0952	01-15
Disclosure Pursuant To Terrorism Risk Insurance Act	IL0985	12-20
Amendment Of Limited Coverage For Fungus And Bacteria	02536	07-02
Building Limit -- Automatic Increase	97264	04-20
Causes Of Loss - Special Form	CP1030	10-12
Tentative Rate	CP9993	10-90
Diamond Property Premier	19298	10-20

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

TITLE	FORM NUMBER	EDITION DATE
Diamond Property Premier 50	19219	10-20
Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)	06722	04-23
Commercial Property Coverage Part Equipment Breakdown Coverage Schedule	06725	01-07
Loss Payable Provisions	CP1218	10-12
Additional Insured - Building Owner	CP1219	06-07
Limitation On Loss Settlement - Blanket Insurance (Margin Clause)	CP1232	06-07
Exclusion Of Loss Due To Virus Or Bacteria	CP0140	07-06
Cyber Incident Exclusion	CP1075	12-20
Exclusion Of Certain Computer-Related Losses	IL0935	07-02
Commercial General Liability Coverage Part		
Common Policy Conditions	IL0017	11-98
Commercial General Liability Coverage Form	CG0001	04-13
Michigan Changes	CG0168	10-09
Indiana Changes - Workers' Compensation Exclusion	IL0117	12-10
Indiana Changes	IL0158	09-08
Indiana Changes - Cancellation And Nonrenewal	IL0272	11-21
Michigan Changes - Cancellation And Nonrenewal	IL0286	04-17
Indiana Changes - Amendment of Definition of Pollutants	14078	01-17
Indiana Changes - Pollution Exclusion	CG0123	03-97
Calculation Of Premium	IL0003	09-08
Cap On Losses From Certified Acts Of Terrorism	CG2170	01-15
Disclosure Pursuant To Terrorism Risk Insurance Act	IL0985	12-20
Employee Benefit Liability	91038	02-04
Waiver Of Transfer Of Rights Of Recovery Against Others To Us	CG2404	05-09*
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG2010	04-13*
Additional Insured - Managers Or Lessors Of Premises	CG2011	04-13
Additional Insured - State Or Governmental Agency Or Subdivision Or Political Subdivision - Permits Or Authorizations	CG2012	04-13
Additional Insured - Mortgagee, Assignee Or Receiver	CG2018	04-13*
Additional Insured - Designated Person Or Organization	CG2026	04-13
Condition - Two Or More Coverage Forms Or Policies Issued By Us	19395	05-23
Primary And Noncontributory - Other Insurance Condition	CG2001	04-13*
Limited Fungi Or Bacteria Coverage	CG2425	12-04
Absolute Asbestos Exclusion	93068	01-17
Lead Contamination Exclusion	96210	01-17
Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception	CG2106	05-14
Communicable Disease Exclusion	CG2132	05-09
Exclusion - Designated Products	CG2133	11-85
Employment - Related Practices Exclusion	CG2147	12-07
Silica Or Silica - Related Dust Exclusion	CG2196	03-05
Exclusion - Services Furnished By Health Care Providers	CG2244	04-13

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

TITLE	FORM NUMBER	EDITION DATE
Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	CG4032	05-23
Nuclear Energy Liability Exclusion Endorsement	IL0021	09-08
Michigan Changes - Employee Benefit Liability	19343	06-21
Commercial Crime Coverage Part		
Common Policy Conditions	IL0017	11-98
Commercial Crime Coverage Form (Loss Sustained Form)	CR0021	11-15
Michigan Changes - Duties	CR0110	08-07
Indiana Changes - Rights Of Recovery	CR0154	08-07
Indiana Changes - Cancellation And Nonrenewal	IL0272	11-21
Michigan Changes - Cancellation And Nonrenewal	IL0286	04-17
Calculation Of Premium	IL0003	09-08
Exclusion Of Certain Computer-Related Losses	IL0935	07-02
Commercial Inland Marine Coverage Part		
Indiana Changes - Amendment of Definition of Pollutants	14078	01-17
Amendatory Endorsement Indiana	CL0188	03-99
Amendatory Endorsement Michigan	CL0200	03-99
Amendatory Endorsement Indiana	IM2029	07-13
Amendatory Endorsement Michigan	IM2045	09-10
Amendatory Endorsement Michigan	IM2111	09-10
Amendatory Endorsement Michigan	IM3003	03-99
Certified Terrorism Loss	CL0600	01-15
Protective Devices Endorsement	IM7853	07-08
Protective Devices Schedule	IM7904	01-12
Loss Payable Options	IM7854	04-04
Loss Payable Schedule	IM7902	01-12
Virus Or Bacteria Exclusion	CL0700	10-06
Contractors' Equipment Coverage Scheduled Equipment Form	IM7001	04-04
Contractors' Equipment Scheduled Equipment Form Schedule Of Coverages	IM7006	01-12
Equipment Leased Or Rented From Others Schedule	IM7036	07-11
Equipment Leased Or Rented From Others Endorsement	IM7012	07-11
Electronic Data Processing Equipment Coverage Part Scheduled Limits	IM7200	10-02
Electronic Data Processing Schedule Of Coverages Scheduled Limits	IM7205	01-12
Exhibition Floater	IM7503	04-04
Exhibition Floater Blanket Exhibition Coverage Schedule Of Coverages	IM7513	01-12
Earth Movement Exclusion	16105	01-17
Flood Exclusion	16106	01-17
Transportation Coverage	IM7250	04-04
Transporation Coverage Schedule Of Coverages	IM7255	01-12
Earth Movement Exclusion	16105	01-17
Flood Exclusion	16106	01-17
Commercial Umbrella Coverage Part		
Common Policy Conditions	IL0017	11-98
Commercial Liability Umbrella Coverage Form	CU0001	04-13
Indiana Changes - Amendment of Definition of Pollutants	14078	01-17

NAMED INSURED	ACCOUNT NO.	AGENT
Binson's Hospital Su	700001237128	**0211248**

TITLE	FORM NUMBER	EDITION DATE
Indiana Changes	10929	06-10
Michigan Changes	CU0116	09-00
Indiana Changes	CU0139	03-08
Michigan Changes - Cancellation And Nonrenewal	CU0221	04-17
Indiana Changes - Cancellation And Nonrenewal	IL0272	11-21
Cap On Losses From Certified Acts Of Terrorism	CU2130	01-15
Disclosure Pursuant To Terrorism Risk Insurance Act	IL0985	12-20
Employee Benefits Coverage	92047	09-05
Waiver Of Transfer Of Rights Of Recovery Against Others To Us	CU2403	09-00*
Exclusion of Broadened Primary Coverages	19248	01-21
Absolute Asbestos Exclusion	94093	09-05
Lead Contamination Exclusion	96210	01-17
Amendment Of Liquor Liability Exclusion	CU2113	04-13
Nuclear Energy Liability Exclusion Endorsement	CU2123	02-02
Fungi Or Bacteria Exclusion	CU2127	12-04
Exclusion - Designated Products	CU2143	12-04
Silica Or Silica-Related Dust Exclusion	CU2150	03-05
Communicable Disease Exclusion	CU2158	05-09
Exclusion- Access Or Disclosure Of Confidential Or Personal Information And Data- Related Liability- With Limited Bodily Injury Exception	CU2186	05-14
Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	CU3454	05-23

NAMED INSURED	POLICY	POLICY TERM	AGENT
Binson's Hospital Su	6752443	09/09/2024 to 09/09/2025	**0211248**

Commercial Policy Information

Your policy has changed effective 06/03/2025 as follows:

Additional Interest Add/Change/Delete

COVERAGES/CONDITIONS/EXCLUSIONS	PREVIOUS	CURRENT
Additional Interest		
Additional Interest		
Genesee County		Added 1101 Beach St Flint US MI 48502
General Liability		
Commercial General Liability		
Owners, Lessees Or Contractors - Scheduled Person Or Organization (CG 20 10 ed 04 13)		Added Genesee County 1101 Beach St, Flint, MI 48502
Description/Interest/Location as Required on Coverage Form		Various Locations per Written Contract
Waiver Of Transfer Of Rights Of Recovery Against Others To Us : Name of Person or Organization : Genesee County		Added
Primary & Noncontributory - Other Insurance Condition		Added
Commercial Umbrella		
Commercial Umbrella		
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (General Liability/BOP) : Name of Person or Organization : Genesee County		Added
General Liability Additional Premium		***$27***
Total Commercial Policy Additional Premium		***$27***

FORMS AND ENDORSEMENTS	FORM ID / EDITION
Commercial General Liability Coverage Part	
Primary And Noncontributory - Other Insurance Condition	CG2001 / 04-13*
Additional Insured - Mortgagee, Assignee Or Receiver	CG2018 / 04-13*
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG2010 / 04-13*
Waiver Of Transfer Of Rights Of Recovery Against Others To Us	CG2404 / 05-09*
Commercial Umbrella Coverage Part	
Waiver Of Transfer Of Rights Of Recovery Against Others To Us	CU2403 / 09-00*

An asterisk (*) indicates a new or updated version is included in this package.

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
Genesee County
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**
We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
NH Jackson Properties, LLC. c/o Wilson White Company
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**
We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS -SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Genesee County	Various Locations per Written Contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II -- Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	26330-26332 LAWRENCE CENTER LINE, MI 48015-1268
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	26819 LAWRENCE CENTER LINE, MI 48015-1261
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	43900 SCHOENHERR RD STERLING HEIGHTS, MI 48313-1120
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	7277 BERNICE CENTER LINE, MI 48015-1227
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	26830 LIBERAL CENTER LINE, MI 48015-1259
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	25709 VAN DYKE AVE CENTER LINE, MI 48015-1841
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	26770 LIBERAL CENTER LINE, MI 48015-1237
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	30475 WOODWARD AVE ROYAL OAK, MI 48073-0914
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	26834 LAWRENCE CENTER LINE, MI 48015-1262
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	25780-25790 COMMERCE DR MADISON HEIGHTS, MI 48071-4157
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	13450 FARMINGTON RD LIVONIA, MI 48150-4207
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	G4443 MILLER RD FLINT, MI 48507-1123
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	18800 EUREKA RD SOUTHGATE, MI 48195-3166
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	30489 WOODWARD AVE ROYAL OAK, MI 48073-0914
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 18 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Person(s) Or Organization(s)	Designation Of Premises
FLAGSTAR BANK FSB	4433 MILLER RD FLINT, MI 48507-1123
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

COMMERCIAL LIABILITY UMBRELLA
CU 24 03 09 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
NH Jackson Properties, LLC. c/o Wilson White Company

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **Transfer Of Rights Of Recovery Against Others To Us** Condition under **Section IV – Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

COMMERCIAL LIABILITY UMBRELLA
CU 24 03 09 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
Genesee County

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The **Transfer Of Rights Of Recovery Against Others To Us** Condition under **Section IV – Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.