CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/28/2025

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (888) 202-3007 **FAX (A/C, No):** **E-MAIL ADDRESS:** contact@hiscox.com
INSURED Kevin Rush DBA Kevin Rush Attorney At Law 934 Church St Flint, MI 48502	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Hiscox Insurance Company Inc — 10200 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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 X CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			P100.206.788.6	04/14/2025	04/14/2026	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 $ 100,000 $ 5,000 $ 0 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

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.

AUTHORIZED REPRESENTATIVE

Mary J Boyd

HISCOX
encourage courage®

HISCOX INSURANCE COMPANY INC. (A Stock Company)

30 North LaSalle Street, Suite 1760, Chicago, IL 60602
(914) 273-7400

Businessowners Insurance for Legal services

DECLARATIONS – Effective 04/14/2025 (updates denoted by *) v5

Standard Package

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy no.:	P100.206.788.6
Renewal of:	P100.206.788.5
1. Named insured:	Kevin Rush DBA Kevin Rush Attorney At Law
Address:	934 Church St Flint, MI 48502
Email address:	krushattorney@gmail.com
2. Policy period:	**Inception Date: 04/14/2025** **Expiration Date: 04/14/2026** Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the Named Insured.
3. General terms and conditions wording:	BOP P0001A CW The General terms and conditions apply to this policy in conjunction with the specific wording detailed in each section below.
4. Policy limits:	
Business Personal Property BOP General Liability	$50,000 each occurrence $2,000,000 aggregate
5. Endorsements:	See Schedule
6. Notification of claims to:	Web : https://www.hiscox.com/manage-your-policy/claims-center Phone: 1-866-424-8508 Email: reportaclaim@hiscox.com Mail: Attn: Direct Claims Hiscox 5 Concourse Parkway, Suite 2150 Atlanta GA, 30328 Please inform us immediately if you have a claim or loss to report .
7. Policy premium:	$792.00

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Standard Package

BOP General Liability Coverage Part: BOP-GL P0001A CW (11/19)

Liability coverage	Limit of Insurance	
BOP General Liability Limit:	$1,000,000 Each occurrence / $2,000,000 Aggregate Deductible: $500	
Products and completed operations:	$2,000,000 Each occurrence (Shared)	
Personal and advertising injury:	$0 Each claim (Shared)	
Damage to premises rented to you:	$100,000 Any one premises (Shared)	
Medical payments:	$5,000 Each person	
All limits designated as "shared" are a part of, and not in addition to, the BOP General Liability Limit.		

Hiscox Insurance Company Inc.

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Endorsement 35

NAMED INSURED: Kevin Rush DBA Kevin Rush Attorney At Law

Additional Insured Endorsement (Scheduled Managers or Lessors of Premises)

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

SCHEDULE

Designation of Premises:	1
Name of Person(s) or Organization(s):	Genesee County

I. The following is added to the end of Section III. Who is an insured:

AI-A. Additional insureds

The person(s) or organization(s) listed in the Schedule above are **insureds**, but only with respect liability arising out of the ownership, maintenance, or use of that part of the premises leased to **you** and listed in the Schedule above.

However:

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

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; and

3. there is no coverage for such additional insureds for any structural alterations, new construction, or demolition operations performed by or for the additional insured.

A person or organization's status as an additional insured under this section AI-A ends when **you** cease to be a tenant in the premises listed in the Schedule above.

II. Solely with respect to the coverage provided by this endorsement, the following is added to the end of Section IV. Limits of liability, D. Medical payments limit:

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

1. required by the contract or agreement; or

2. available under the Medical Payments limit identified in the Declarations, whichever is less.

III. The coverage provided by this endorsement does not increase the Medical Payments limit identified in the Declarations.

Endorsement 35

NAMED INSURED: Kevin Rush DBA Kevin Rush Attorney At Law

Additional Insured Endorsement (Scheduled Managers or Lessors of Premises)

Endorsement Effective: April 14, 2025

Policy No.: P100.206.788.6

Mary J Boyd

By: Mary Boyd
(Appointed Representative)