

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

th	is ce	rtificate does not	confer rights to	the	certi	ficate holder in lieu of su								
PRO	DUCE	२					CONTA NAME:	ONTACT IAME: Deborah K Sipes - CRIS, CISR						
W. J. Phillips, Inc.							PHONE (A/C, No, Ext): (810) 230-0020 FAX (A/C, No): (810) 230-7606							
6045 Corunna Rd Suite B							E-MAIL ADDRESS: deb@insurewithphillips.com							
									SURER(S) AFFOR	RDING COVERAGE			NAIC #	
Flint MI 48532								INSURER A: GuideOne Insurance Company						
INSURED							INSURER B:							
Motherly Intercession, Inc.							INSURER C:							
1188 Robert T Longway Blvd							INSURER D :							
								INSURER E :						
Flint MI 48503							INSURER F:							
CO	/ER/	AGES	CER.	TIFIC	ATE	NUMBER:	REVISION NUMBER:							
IN CI EX	DICA [·] ERTIF (CLU:	TED. NOTWITHSTAN ICATE MAY BE ISSU	NDING ANY REQUED OR MAY PER	JIREN TAIN, OLICI	MENT, , THE IES. L	CE LISTED BELOW HAVE BE , TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY CON	NTRACT OR O' DLICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN ID CLAIMS.	ENT WITH RESPE I IS SUBJECT TO	ECT TO WI	HICH TH		
INSR LTR	INSR LTR TYPE OF INSURANCE				SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	×	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE		\$	1,000,000	
		X CLAIMS-MADE X OCCUR								PREMISES (Ea occu		\$	1,000,000	
										MED EXP (Any one	person)	\$	20,000	
Α				Y		01-0038-873		06/02/2025	06/02/2026	PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREC	GATE	\$	3,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$	3,000,000	
	OTHER:											\$		
	AUTOMOBILE LIABILITY									(Ea accident)	ELIMIT	\$	1,000,000	
	1 1	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						06/01/2025	06/01/2026	BODILY INJURY (Pe	er person)	\$		
Α						01-0038-874				BODILY INJURY (Pe	,	\$		
										PROPERTY DAMAC (Per accident)	∌E	\$		
												\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	CE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$										\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						PER STATUTE	OTH- ER			
										E.L. EACH ACCIDE	NT	\$		
										E.L. DISEASE - EA	EMPLOYEE	\$		
										E.L. DISEASE - POL	LICY LIMIT	\$		
	D:	Directors & Officers								Each Occurence	ee		1,000,000	
A	A Directors & Officers					01-0038-873		06/01/2025	06/01/2026	Aggregate			3,000,000	
Ger prir	nesee Connary and	ounty, including all employed non-contributory, including	es, elected and appoint	ed offic	ials and	D 101, Additional Remarks Sched I volunteers, all boards, commissions, and the County.	nd/or auth	orities, and their boa		•	additional ins	ureds. Cov	erage shall be	
CEF	RTIFI	CATE HOLDER					CANCELLATION							
Genesee County							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
1101 Beach Street							AUTHORIZED REPRESENTATIVE							
Flint MI 48502								Deborah K. Sipes						