

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/1/2025

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).

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PRODUCER BHS Insurance 3055 44th St SW Grandville MI 49418	CONTACT NAME: Dawn VandenBosch		
	PHONE (A/C, No, Ext): 616-261-7313 FAX (A/C	FAX (A/C, No): 616-574-3317	
	E-MAIL ADDRESS: dvandenbosch@bhsins.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Midwest Employers/MI Clubs Fun	23612	
INSURED Genesee Health System Genesee Community Health Center Attn: Mr. R. David Hunter 1040 W. Bristol Rd. Flint MI 48507	INSURER B: Citizens Insurance Company	31534	
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER: 354465529	REVISION NUMBE	R:	
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.			

POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD **COMMERCIAL GENERAL LIABILITY** \$1,000,000 В Χ Z7IA870747 10/1/2025 10/1/2026 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR \$100,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 PRO-JECT X Loc POLICY PRODUCTS - COMP/OP AGG \$ Incld in Gen Agg OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$1,000,000 В A7IA870989 10/1/2025 10/1/2026 ANY AUTO Χ BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) AUTOS ONLY **AUTOS ONLY** Х Χ \$ Unlimited Hired Autos PIP Nonowned Aut UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION EWC008816 10/1/2025 10/1/2027 STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$2,000,000 E.L. EACH ACCIDENT Ν N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$2,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$2,000,000 Each Prof Incident Policy Aggregate 1,000,000 Professional Liability Z7IA870747 10/1/2025 Ν 10/1/2026 3,000,000

CERTIFICATE HOLDER	CANCELLATION
Genesee County Attn: Risk Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHODIZED DEDDECENTATIVE

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

Flint MI 48502