

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/3/2024

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 certificate does not confer rights to	o the	cert	ificate holder in lieu of s	uch end	lorsement(s).				
PRODUCER						CONTACT Dawn VandenBosch					
BHS Insurance					PHONE (A/C, No, Ext): 616-261-7313 FAX (A/C, No): 616-574-3317						
PO Box 953 Grandville MI 49468						E-MAIL ADDRESS: dvandenbosch@bhsins.com					
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	RA: Citizens	Insurance Co	ompany		31534	
INSURED GENECOU-01					INSURER B: Massachusetts Bay Insurance Co				22306		
Genesee Health System Genesee Community Health Center					INSURER c : Hanover Atlantic Insurance Com						
Attn: Mr. R David Hunter					INSURER D : Midwest Employers/MI Clubs Fun					23612	
1040 W Bristol Rd.					INSURER E :						
Flint MI 48507						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 46056989						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. INST											
INSR LTR TYPE OF INSURANCE			WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
A	X COMMERCIAL GENERAL LIABILITY	N	N	Z7IA870747		10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100,00		
								MED EXP (Any one person)	\$ 10,000		
								PERSONAL & ADV INJURY	\$ 1,000,		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,	000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ Incl in	Gen Agg	
В	AUTOMOBILE LIABILITY	N	N	A7I-A870989		10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	X ANY AUTO			·				BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
С	UMBRELLALIAB OCCUR	N	N	L3Q A825448 09		10/1/2024	10/1/2025	EACH OCCURRENCE	\$ 3,000,	000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$3,000,	000	
	DED X RETENTIONS 0								\$		
D	WORKERS COMPENSATION		N	EWC008816		10/1/2023	10/1/2025	X PER OTH-	<u>i</u>		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 2.000.	000	
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below				OVER THE PERSON NAMED IN COLUMN 1			E.L. DISEASE - POLICY LIMIT	\$2,000,		
С	Professional Liability	N	N	L3QA825446 09		10/1/2024	10/1/2025	Each Prof Incident	1,000,	000	
	Professional Liability	N	N					Aggregate Limit	3,000,		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le. may be	attached if more	e space is requir	ed)			
250	S.M. HOR OF DEMANDED LOOKHORD VEHICLE				, 			•			
CE	RTIFICATE HOLDER			CANC	CANCELLATION						
CE	TIFICATE HULDER				CANC						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
For Your Information Only						AUTHORIZED REPRESENTATIVE					

© 1988-2015 ACORD CORPORATION. All rights reserved.