



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2015

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.

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<b>PRODUCER</b> General Agency Company 525 E. Broadway P.O. Box 448 Mt. Pleasant, MI 48804-0448 Joseph G. Fabiano	<b>CONTACT NAME:</b> Kim Smith <b>PHONE (A/C, No, Ext):</b> 989-817-4236 <b>FAX (A/C, No):</b> 989-772-1855 <b>E-MAIL ADDRESS:</b> ksmith@ga-ins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
<b>Detroit Community Schools</b> <b>A Public School Academy</b> <b>12675 Burt Rd</b> <b>Detroit, MI 48223</b>	<b>INSURER A : Hanover Insurance Company</b> <b>22292</b> <b>INSURER B : Allmerica/Citizens</b> <b>41840</b> <b>INSURER C : Citizens Ins Co of America</b> <b>31534</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

**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.

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<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>Z7WA752782</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$																																
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<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>Y / N</b> <b>N / A</b>	<b>WHW A754568</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">PER STATUTE</td> <td style="width: 10%; text-align: center;">OTH-ER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$ <b>1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$ <b>1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$ <b>1,000,000</b></td> </tr> </table>		PER STATUTE	OTH-ER						E.L. EACH ACCIDENT							\$ <b>1,000,000</b>	E.L. DISEASE - EA EMPLOYEE							\$ <b>1,000,000</b>	E.L. DISEASE - POLICY LIMIT							\$ <b>1,000,000</b>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**\$500,000 Employee Dishonesty coverage also provided. Certificate holder and the College Board shall be shown as Additional Insured as respects General Liability, Auto Liability, Umbrella & Educators Legal Liability coverages. 30 day notice of cancellation applies.**

**CERTIFICATE HOLDER****CANCELLATION**

<p style="text-align: center;"><b>BAYMI-1</b></p> <p><b>BAY MILLS COMMUNITY COLLEGE</b>  <b>CHARTER SCHOOLS OFFICE</b>  <b>12214 WEST LAKESHORE DRIVE</b>  <b>BRIMLEY, MI 49715</b></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE  <b>Joseph G. Fabiano</b></p>
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<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
<b>Detroit Community Schools          A Public School Academy          12675 Burt Rd          Detroit, MI 48223</b>	<b>INSURER A : Hanover Insurance Company      22292</b> <b>INSURER B : Allmerica/Citizens      41840</b> <b>INSURER C : Citizens Ins Co of America      31534</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

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<b>A</b>	<b>Educators Legal Liability</b>			<b>Z7WA752782 RETRO DATE 5-19-97</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	<b>Each Occ      1,000,000</b> <b>Aggregate      3,000,000</b>

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

**See holder notes****CERTIFICATE HOLDER****CANCELLATION**

<p style="text-align: right;"><b>CITY011</b></p> <b>Ford Community &amp; Performing Arts Center</b> <b>15801 Michigan Avenue</b> <b>Dearborn, MI 48126</b>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <b>Joseph G. Fabiano</b></p>
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**NOTEPAD:**HOLDER CODE **CITY011**  
INSURED'S NAME **Detroit Community Schools****DETRO-4**  
**OP ID: KC**PAGE 2  
Date **10/12/2015**

The City of Dearborn, Michigan, its elected officials, officers, employees, boards, commissions, authorities, voluntary associations, and any other units operating under the jurisdiction of the City and within appointment of its operating budget including City of Dearborn shall be shown as an Additional Insured with regard to General Liability and Waiver of Subrogation on General Liability & Workers Compensation shall apply in favor of this certificate holder as respects their contract with the named insured. General Liability is on a Primary/Non Contributory basis.



# CERTIFICATE OF LIABILITY INSURANCE

DETRO-4

OP ID: KC

DATE (MM/DD/YYYY)

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<b>INSURED</b> Detroit Community Schools A Public School Academy 12675 Burt Rd Detroit, MI 48223	<b>INSURER A :</b> Hanover Insurance Company		<b>22292</b>
	<b>INSURER B :</b> Allmerica/Citizens		<b>41840</b>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is shown as additional insured with respects to the general liability coverage per their contract with the insured for the event of Homecoming.

**CERTIFICATE HOLDER****CANCELLATION**

<b>DETR-09</b>  <b>Detroit Regional Convention Facility Authority &amp; SMG</b> <b>One Washington Blvd</b> <b>Detroit, MI 48226</b>	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 <b>Joseph G. Fabiano</b>
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## COVERAGES

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Certificate holder shall be shown as additional insured as respects General Liability and Automobile Liability. The Umbrella policy follows the underlying General Liability and Automobile Liability policies.

## CERTIFICATE HOLDER

## CANCELLATION

<b>MDESTAF</b>  <b>MDE Staffing</b> <b>MDE International Inc</b> <b>G-4033 S Center Rd</b> <b>Burton, MI 48519</b>	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 <b>Joseph G. Fabiano</b>
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10/12/2015

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> General Agency Company 525 E. Broadway P.O. Box 448 Mt. Pleasant, MI 48804-0448 Joseph G. Fabiano	<b>CONTACT NAME:</b> Kim Smith <b>PHONE (A/C, No, Ext):</b> 989-817-4236 <b>E-MAIL ADDRESS:</b> ksmith@ga-ins.com	<b>FAX (A/C, No):</b> 989-772-1855	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Detroit Community Schools A Public School Academy 12675 Burt Rd Detroit, MI 48223	<b>INSURER A :</b> Hanover Insurance Company		<b>22292</b>
	<b>INSURER B :</b> Allmerica/Citizens		<b>41840</b>
	<b>INSURER C :</b> Citizens Ins Co of America		<b>31534</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

### 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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>Z7WA752782</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>AWWA752786</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>UHWA752783</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b>
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	<b>WHW A754568</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Educators Legal Liability</b>			<b>Z7WA752782</b> RETRO DATE 5-19-97	<b>10/01/2015</b>	<b>10/01/2016</b>	<b>Each Occ</b> <b>1,000,000</b> <b>Aggregate</b> <b>3,000,000</b>

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

### CERTIFICATE HOLDER

### CANCELLATION

<b>MUSICHA</b>  <b>Music Hall for the Performing Arts</b> <b>350 Madison</b> <b>Detroit, MI 48226</b>	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 <b>Joseph G. Fabiano</b>



# CERTIFICATE OF LIABILITY INSURANCE

DETRO-4

OP ID: KC

DATE (MM/DD/YYYY)  
10/12/2015

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<b>PRODUCER</b> General Agency Company 525 E. Broadway P.O. Box 448 Mt. Pleasant, MI 48804-0448 Joseph G. Fabiano	<b>CONTACT NAME:</b> Kim Smith <b>PHONE (A/C, No, Ext):</b> 989-817-4236 <b>E-MAIL ADDRESS:</b> ksmith@ga-ins.com	<b>FAX (A/C, No):</b> 989-772-1855	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Detroit Community Schools A Public School Academy 12675 Burt Rd Detroit, MI 48223	<b>INSURER A :</b> Hanover Insurance Company		<b>22292</b>
	<b>INSURER B :</b> Allmerica/Citizens		<b>41840</b>
	<b>INSURER C :</b> Citizens Ins Co of America		<b>31534</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		Z7WA752782	10/01/2015	10/01/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b>
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AWWA752786	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UHWA752783	10/01/2015	10/01/2016	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b>
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WHW A754568	10/01/2015	10/01/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Educators Legal Liability</b>			Z7WA752782 RETRO DATE 5-19-97	10/01/2015	10/01/2016	<b>Each Occ</b> <b>1,000,000</b> <b>Aggregate</b> <b>3,000,000</b>

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

**Certificate holder shall be shown as an Additional Insured with regard to General Liability as respects their contract with the named insured. 30 Day Notice of Cancellation**

**CERTIFICATE HOLDER****CANCELLATION**

<b>USBAK-1</b>  <b>US Bank</b> <b>Corporate Trust Services</b> <b>EP-MN-WS3C</b> <b>60 Livingston Avenue</b> <b>St Paul, MN 55107</b>	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 <b>Joseph G. Fabiano</b>
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# CERTIFICATE OF LIABILITY INSURANCE

DETRO-4 OP ID: KC

DATE (MM/DD/YYYY)  
10/12/2015

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<b>PRODUCER</b> General Agency Company 525 E. Broadway P.O. Box 448 Mt. Pleasant, MI 48804-0448 Joseph G. Fabiano	<b>CONTACT NAME:</b> Kim Smith <b>PHONE (A/C, No, Ext):</b> 989-817-4236 <b>E-MAIL ADDRESS:</b> ksmith@ga-ins.com	<b>FAX (A/C, No):</b> 989-772-1855	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Hanover Insurance Company</b>		<b>22292</b>
<b>INSURED</b> Detroit Community Schools A Public School Academy 12675 Burt Rd Detroit, MI 48223	<b>INSURER B : Allmerica/Citizens</b>		<b>41840</b>
	<b>INSURER C : Citizens Ins Co of America</b>		<b>31534</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>Z7WA752782</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>AWWA752786</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			<b>UHWA752783</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>WHW A754568</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Educators Legal Liability</b>			<b>Z7WA752782</b> <b>RETRO DATE 5-19-97</b>	<b>10/01/2015</b>	<b>10/01/2016</b>	<b>Each Occ 1,000,000</b> <b>Aggregate 3,000,000</b>

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

**CERTIFICATE HOLDER CANCELLATION**

<b>WASH-10</b>  <b>Washington Park Academy</b> <b>16785 Appleton</b> <b>Redford, MI 48239</b>	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 <b>Joseph G. Fabiano</b>
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