

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/11/2017

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 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	CONTACT Deborah Davis				
VTC Insurance Group	PHONE (A/C, No, Ext): (248) 628-2565 FAX (A/C, No): (248)				
Oxford Office	E-MAIL ADDRESS: ddavis@vtcins.com				
1097 S. Lapeer Road	INSURER(S) AFFORDING COVERAGE				
Oxford MI 48371	INSURER A: Crum & Forster Specialty Insurance	44520			
INSURED	INSURER B : Acuity A Mutual Insurance Company				
Michael Parmelee Painting, Inc., dba	INSURER C : Midwest Employers Casualty Company				
REO Construction Co.	INSURER D:				
34902 Forest St.	INSURER E :				
Wayne MI 48184	INSURER F:				

COVERAGES

CERTIFICATE NUMBER:16/17

ADDI SURR

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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LTR		TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	Х	CLAIMS-MADE X OCCUR	EV20150381-01	EV20150381-01	5/2/2016	12/31/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000
	х	Blkt Add'l Insured					MED EXP (Any one person)	\$	5,000
	х	Primary & Non-Contribut				PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	x	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	OTHER: Blkt WOS					Contractor's Pollution Legal	\$	1,000,000
В	AUT	OMOBILE LIABILITY		к91331	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO					BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	x	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist BI split limit	\$	1,000,000
A	х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
		DED X RETENTION\$ 10,000		EFX-105388	5/2/2016	12/31/2017		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	EWC005394	12/31/2016	12/31/2017	E.L. EACH ACCIDENT	\$	1,000,000		
С					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DES!	s, describe under CRIPTION OF OPERATIONS below					E,L, DISEASE - POLICY LIMIT	\$	1,000,000
	Cor	ntractors Pollution Liab		EPK-112586	5/2/2016	12/31/2017	Limit each occurence		1,000,000
A	Erı	rors & Omissions Liab		EPK-112586	5/2/2016	12/31/2017	Limit each wrongful act		1,000,000

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
SENTATIVE				
r/V280 Alan-P. Chansen				

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