MARSH USA INC.

EVIDENCE NUMBER **EVIDENCE OF COVERAGE CONTRACTS**

THIS EVIDENCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE CONTRACTS BELOW. THIS DOES NOT CONSTITUTE A CONTRACT BETWEEN THE FACILITY, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE HOLDER. IMPORTANT: IF THE HOLDER IS AN ADDITIONAL INSURED, THE CONTRACT MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE CONTRACT, CERTAIN CONTRACTS MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS EVIDENCE DOES NOT CONFER RIGHTS TO THE BELOW HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

	ER USAINC. DWNE SQUARE						
SUITE 1				FACILITY AFFORDING COVERAGE			
SOUTHFIELD, MI 48076			COMPANY A				
INSURED			COMPANY				
GRAND VALLEY STATE UNIVERSITY			COMPANY				
ATTN: HEATHER TAYLOR 1 CAMPUS DRIVE, 4068 JHZ			COMPANY				
ALLENDALE, MI 49401			COMPANY				
COVERAG	ES THIS IS TO CERTIFY THAT THE CONTRACTS LIS NOTWITHSTANDING ANY REQUIREMENT, TERM OR MAY PERTAIN, THE COVERAGE AFFORDED SUCH CONTRACTS. LIMITS SHOWN MAY HAVE	I OR CONDITION OF ANY CONTRAC BY THE CONTRACTS DESCRIBED	CT OR OTHER DOCUM	ENT WITH RESPECT	TO WHICH THIS MAY BE ISSUED	F	
CO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	EFFECTIVE DATE	EXPIRATION DATE		LIMITS	
A	GENERAL LIABILITY □ OCCUR	GL712025	7/1/2025	7/1/2026	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE LEGAL RETENTION	\$ 1,000,000 \$ 1,000,000 \$ 500,000 \$ 250,000	
Α	AUTO LIABILITY	AL712025	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT	\$ 1,000,000	
Α	OTHER AUTO PHYSICAL DAMAGE OWNED, RENTED & LEASED VEHICLES	MPD712025	7/1/2025	7/1/2026	EACH OCCURRENCE DEDUCTIBLE	ACV \$ 5,000	
Α	OTHER	ELL712025	7/1/2025	7/1/2026	EACH CLAIM	\$ 1,000,000	
	EDUCATORS LEGAL LIABILITY				AGGREGATE	\$ 1,000,000	
	INCLUDING PROFESSIONAL LIABILITY (CLAIMS MADE)				RETENTION	\$ 500,000	
	DESCRIPTION OF OPERATIONS/LOCATION	 NS/VEHICLES/SPECIAL ITEMS (L	.IMITS MAY BE SUBJ	 ECT TO DEDUCTIE	BLES OR RETENTIONS)		
	This document evidences coverage carrier If applicable, please refer to the controlling Sexual Misconduct applies by endorsement All endorsements subject to policy terms a Coverage will not be cancelled during the part of the policy terms.	contract for reference to GVSL nt. Additional Insured status and and conditions and apply only to	J's obligations relation d Waivers of Subroo the extent statutoril	ng to specific cove gation apply only if y permitted	rage terms & conditions. required by written contract.		
	EVIDENCE HOLDER		CANCELLATION				
	Evidence of Coverage Per contractual obligation, if applicable		NONE OF THE ABOVE EXPIRATION DATE		ERAGE CONTRACTS CAN BE CAN	CELLED BEFORE THE	
			MARSH USA INC BY: MAUREEN BIEI	mai	VALIDAS OF	7/4/2014	

This endorsement, which forms a part of and is for attachment to the above-referenced coverage document, takes effect on the effective date of the coverage document unless an effective date is shown below.

COVERAGE FOR PERSON, ENTITY OR ORGANIZATION (COVERED PARTY) UNDER A COVERED CONTRACT

Unless otherwise stated, coverage provided by this endorsement is subject to the terms, conditions, and limitations of this coverage document.

A. Coverage

SECTION II - WHO IS COVERED is amended to include any person, entity, or organization (hereinafter referred to as a **Covered party**) for **Bodily injury**, **Personal injury**, **Advertising injury** or **Property damage** covered under this coverage document that occurs during the coverage period but only with respect to a **Covered contract** and only where you have agreed in writing to include the **Covered contract** and **Covered party** for such coverage. Coverage by this endorsement to the **Covered party** is limited to:

- 1. Liability arising out of a covered **Occurrence** that is caused, in whole or in part by you or on your behalf by your agents or subcontractors; and
- 2. The extent of coverage and Limits of Liability as stipulated in the **Covered contract**. However, such coverage and limits shall not increase our limits of liability as stated in Section III LIMITS OF LIABILITY or alter any of the terms of coverage stated in this coverage document. Further, our payment obligation shall not exceed the lesser of:
 - a. The limits of liability stated in SECTION III LIMITS OF LIABILITY and as shown in the declarations; or
 - b. The limits(s) of coverage stipulated in the **Covered contract** applicable to this coverage document.

The **Covered contract** must be effective and executed prior to a covered **Occurrence**.

B. Exclusions

The following exclusions apply to this endorsement and are in addition to those exclusions stated in this coverage document or as amended by endorsement:

- 1. This insurance does not apply to **Bodily injury**, **Personal injury**, **Advertising injury** or **Property damage** arising out of, resulting from, caused by, or contributed to by:
 - a. The sole negligence by the **Covered party** or anyone else acting on the **Covered party's** behalf.

b. An **Occurrence** which takes place after the cancellation date of this coverage document or cancellation date of this endorsement, or by termination or ending by either party of the **Covered contract**, whichever occurs first.

C. Limits of Liability Application

Any payment obligation by us under this endorsement involving a **Covered contract** that is a result of a covered **Occurrence** taking place during the coverage period will be subject initially to the **Annual Aggregate Loss Retentions** shown in the Declarations and also subject to the applicable limits of liability set forth in paragraph **A.2** (**Coverage**) of this endorsement. Nothing in this endorsement creates any additional, supplemental, or separate limits of liability under this coverage document.

D. Conditions

The following conditions apply to this endorsement and are in addition to those conditions stated in this coverage document or as amended by endorsement.

- 1. If we cancel this coverage document (including this endorsement) or only cancel this endorsement prior to this coverage document's expiration date and where specifically stipulated in the approved **Covered contract**, we agree to provide the **Covered party** to the **Covered contract** advance written notice of such cancellation based on the number of days specified therein.
- 2. The coverage provided by this endorsement is primary to, and on a non-contributory basis with, any other available coverage to the **Covered party**.
- 3. If required by **Covered contract** we will waive any right of recovery or subrogation against the **Covered party**.
- 4. The Covered party must give us prompt written notice of an Occurrence involving the Covered contract that may result in a claim or Suit. Any ensuing claim or Suit must include and be brought against both the Covered party and us. We will have the right and duty to conduct and control the legal defense for the Covered party named in the claim or Suit. Our defense of and any payment obligations for a claim or Suit will be subject to the terms and conditions set forth in General Liability coverage document or as amended by endorsement.
- 5. The **Covered party** must cooperate with us during the handling of the potential claim, claim or **Suit** involving a **Covered contract**.
- 6. You must retain a written copy of the **Covered contract**.

<u>Maureen Biehl</u>	6/18/2025
Authorized Representative	Date

MICHIGAN CERTIFICATE OF SPECIFIC/AGGREGATE EXCESS LIABILITY INSURANCE

Fax #: 517-322-5944 To: Workers' Compensation Agency

Michigan Department of Labor & Economic Growth Email GSI: kreinerj@michigan.gov staubf@michigan.gov Email ISI:

P.O. Box 30016

Lansing, Michigan 48909

This certifies that a workers' compensation excess liability insurance policy has been issued to the employers named below and the filing of this certificate is confirmation that the excess liability insurance policy identified below is effective on the date stated, that the policy form is approved for use in Michigan by the Insurance Commissioner and complies with all requirements in the Michigan Workers' Disability Compensation Act of 1969 and Administrative Rule 408.43k. Cancellation or intent to not renew the policy by the insurer or insured must be by courier, certified or registered mail and sent to the Bureau of Workers' Disability Compensation not less than 60 days prior to the cancellation or nonrenewal.

Name of Insured Employers: **Grand Valley State University**

Name/Address of Insurer: Midwest Employers Casualty Company

14755 North Outer Forty Drive, Suite 300

Chesterfield, Missouri 63017

Policy Number: EWC009287 **Effective Date:** 07/01/2024

TERMS OF COVERAGE

Specific Aggregate Policy Limit: STATUTORY **Policy Limit:** N/A Retention: **Retention Percentage:** \$500,000 N/A **Policy Term:** 07/01/2024 to 07/01/2026 Minimum Retention: N/A **Estimated Retention:** N/A

Policy Term: 07/01/2024 to 07/01/2026

Midwest Employers Casualty Company

(Insurer)

(Kilip S. Welt

(Authorized Signature)

This certificate is subject to the terms, conditions and limitations of the agreement referred to and does not modify or expand the coverage provided by said agreement.

Date certificate issued: 06/28/2024





Endorsement Effective: 07/01/2024
Policy No.: EWC009287

Named Insured: Grand Valley State University

Waiver of Subrogation by Written Contract Surcharge Endorsement

In the event that you have waived your right to subrogation against a third party under the terms of a written contract entered into by you prior to the date of injury to your Employee for whom you have paid Loss, we will also waive any right of subrogation we have against that third party, but only with respect to said Loss, and only if our waiver is required by the written contract.

All other parts of Section K. Recovery, of Part Four – Claims of this Policy remain in effect and are unchanged by this endorsement.

In consideration for coverage provided under this endorsement, a \$0 surcharge will apply.

Countersigned MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative Secretary President

This endorsement forms part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. All other terms and conditions of the Policy remain unchanged.

ISI-265 (8-13) Date Printed: 06/28/2024