GRAND VALLEY STATE UNIVERSITY
RISK MANAGEMENT

# Understanding Our Certificate/Evidence of Insurance

## What to Expect and Why GVSU's Certificate/Evidence of Insurance Looks Different

We want to make this process as simple as possible. This guide explains what we provide, why we do it this way, and answers the questions we hear most often.

## Where can I find GVSU's Certificate/Evidence of Insurance?

You can download GVSU's current Evidence of Coverage, at any time, at this link. Feel free to bookmark this, so that you can pull renewal certificates at any time.

## Does this paperwork show Additional Insured & Waiver of Subrogation Status?

Both protections are automatic ***when required by a written contract***. You don't need a customized certificate to activate them. Here's where you can confirm this in GVSU's Evidence of Coverage

| | |
|---|---|
| **Certificate** | **Description of Operations** States that "Additional Insured status and Waiver of Subrogation apply only if required by written contract." This confirms coverage is triggered by your agreement with GVSU — not by whether your company name appears on the certificate. |
| **Attachments** | **Policy Endorsement(s)**<br>We've attached the actual endorsement(s) from our insurance policy(s). You might see the phrase **"Who is Covered"** rather than "Additional Insured"; these are different words with the same identical legal meaning (think: acetaminophen vs. paracetamol).<br>The policy endorsement(s) confirm that coverage extends to any party required by a written contract — which includes you. |

## Why doesn't GVSU issue customized Certificates?

There are two primary reasons we've taken this approach:

1. **You don't have to wait: our Evidence of Coverage is always available and already complete.** It is continuously maintained, always current, and includes the policy endorsements most commonly required by contract — so there's nothing missing that a customized certificate would add.
2. **A certificate isn't the most important piece — the endorsements are.** A standard ACORD Certificate of Insurance is issued "as a matter of information only and confers no rights upon the holder." In other words, the certificate itself doesn't create coverage. The



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actual policy endorsements are what create the legal obligation — and those are included in our Evidence of Coverage.

### What if my organization requires a "named" certificate holder?

We understand this may not match your organization's standard process. Please share this document, a copy of your contract with GVSU, and GVSU's Evidence of Coverage with your broker or risk manager for review or comment. If questions remain, they are welcome to contact us directly.

## Still Have Questions?

If further clarification is needed, you, your Risk Manager, or your Broker may feel free to contact me at:

**Heather Taylor**
AVP Risk & Insurance Programs
Grand Valley State University
Phone: 616-331-9517
Email: taylorh1@gvsu.edu



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# MARSH USA INC. EVIDENCE OF COVERAGE CONTRACTS

EVIDENCE NUMBER

**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).**

**PRODUCER**
**MARSH USA INC.**
ONE TOWNE SQUARE
SUITE 1100
SOUTHFIELD, MI 48076

**INSURED**
GRAND VALLEY STATE UNIVERSITY
ATTN: HEATHER TAYLOR
4068 HHZ, 1 CAMPUS DRIVE
ALLENDALE, MI 49401

**FACILITY AFFORDING COVERAGE**

| | |
|---|---|
| COMPANY A | MI HIGHER EDUCATION GROUP SELF-INS & RISK MGT FACILITY |
| COMPANY | |
| COMPANY | |
| COMPANY | |
| COMPANY | |

**COVERAGES**

**THIS IS TO CERTIFY THAT THE CONTRACTS LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE CONTRACT PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE CONTRACTS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH CONTRACTS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

| CO LTR | TYPE OF COVERAGE | CONTRACT NUMBER | EFFECTIVE DATE | EXPIRATION DATE | | LIMITS |
|---|---|---|---|---|---|---|
| A | **GENERAL LIABILITY** ☑ OCCUR | GL712026 | 7/1/2026 | 7/1/2027 | GENERAL AGGREGATE | $ 1,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG | N/A |
| | | | | | PERSONAL & ADV INJURY | N/A |
| | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | FIRE LEGAL | $ 500,000 |
| | | | | | RETENTION | $ 250,000 |
| A | **AUTO LIABILITY** ☐ | AL712026 | 7/1/2026 | 7/1/2027 | COMBINED SINGLE LIMIT | $ 1,000,000 |
| A | **OTHER** AUTO PHYSICAL DAMAGE OWNED, RENTED & LEASED VEHICLES | MPD712026 | 7/1/2026 | 7/1/2027 | EACH OCCURRENCE | ACV |
| | | | | | DEDUCTIBLE | $ 5,000 |
| A | **OTHER** EDUCATORS LEGAL LIABILITY INCLUDING PROFESSIONAL LIABILITY (CLAIMS MADE) | ELL712026 | 7/1/2026 | 7/1/2027 | EACH CLAIM | $ 1,000,000 |
| | | | | | AGGREGATE | $ 1,000,000 |
| A | **OTHER** STUDENTS MEDICAL PROFESSIONAL & GENERAL LIABILITY (OCCURRENCE COVERAGE) | GL712026 | 7/1/2026 | 7/1/2027 | AGGREGATE | $ 1,000,000 |
| | | | | | EACH OCCURRENCE | $ 1,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

This document evidences coverage carried by Grand Valley state University (GVSU) during policy term July 1, 2026 - July 1, 2027.
If applicable, please refer to the controlling contract to reference GVSU's obligations relating to specific coverage terms & conditions.
Sexual Misconduct covereage governed by written endorsement.
Additional Insured status and Waivers of Subrogation apply, per insurance contract terms and conditions and only if required by written contract.
All endorsements are subject to policy terms and conditions, and apply only to the extent statutorily permitted.
Coverage will not be cancelled during the policy term, and will be renewed on the expiration dates shown on this document

EVIDENCE HOLDER

Evidence of Coverage
Refer to Contract for additional Terms & Conditions

CANCELLATION

NONE OF THE ABOVE DESCRIBED COVERAGE CONTRACTS CAN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF.

**MARSH USA INC**
**BY: MAUREEN BIEHL** Maureen M Biehl

**VALID AS OF:** **7/1/2014**

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.

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**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**.

Maureen Biehl — 6/10/2026

Authorized Representative — Date

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/25/2026

**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).**

| | |
|---|---|
| **PRODUCER**<br>Hub International Midwest West<br>203 N La Salle St Ste 2000<br>Chicago IL 60601-1245<br><br>License#: 100290819 | **CONTACT NAME:** CSU Chicago<br>**PHONE (A/C, No, Ext):** 312-922-5000 **FAX (A/C, No):** 312-922-5358<br>**E-MAIL ADDRESS:** CSUChicago@hubinternational.com |
| **INSURED**<br>Grand Valley State University<br>4068 James H Zumberge Hall<br>One Campus Dr.<br>Allendale MI 49401-9401<br><br>GRANVAL-13 | **INSURER(S) AFFORDING COVERAGE** / **NAIC #**<br>**INSURER A :** Midwest Employers Casualty Company / 23612<br>**INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 83625110 **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 | |
|---|---|---|---|---|---|---|---|---|
| | **COMMERCIAL GENERAL LIABILITY** | | | | | | EACH OCCURRENCE | $ |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ **UMBRELLA LIAB** ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | ☐ **EXCESS LIAB** ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| A | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | PJCA750009 | 7/1/2026 | 7/1/2027 | X PER STATUTE ☐ OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| A | WC Excess<br>$500,000 Retention | | | EWC009287 | 7/1/2025 | 7/1/2026 | E.L. Each Accident<br>E.L. Disease EA Emplo | $1,000,000<br>1,000,000 |

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

For informational purposes.

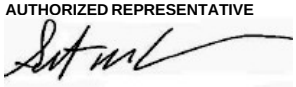
**CERTIFICATE HOLDER**

Proof of Insurance

**CANCELLATION**

**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**



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