

# 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

**FACILITY AFFORDING COVERAGE**

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

**A**

COMPANY

**INSURED**

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

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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> OCCUR	GL712024	7/1/2024	7/1/2025	GENERAL AGGREGATE	\$ 3,000,000
					PRODUCTS-COMP/OP AGG	
					PERSONAL & ADV INJURY	
					EACH OCCURRENCE	\$ 1,000,000
					FIRE LEGAL	\$ 500,000
A	<b>AUTO LIABILITY</b> <input type="checkbox"/> ANY AUTO	AL712024	7/1/2024	7/1/2025	RETENTION	\$ 250,000
					COMBINED SINGLE LIMIT	\$ 1,000,000
A	<b>OTHER</b> AUTO PHYSICAL DAMAGE OWNED, RENTED & LEASED VEHICLES	MPD712024	7/1/2024	7/1/2025	EACH OCCURRENCE	ACV
					DEDUCTIBLE	\$ 5,000
A	<b>OTHER</b> EDUCATORS LEGAL LIABILITY INCLUDING PROFESSIONAL LIABILITY (CLAIMS MADE)	ELL712024	7/1/2024	7/1/2025	EACH CLAIM	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
					RETENTION	\$ 500,000

**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, 2024 - July 1, 2025. If applicable, please refer to the controlling contract for reference to GVSU's obligations relating to specific coverage terms & conditions. Additional Insured status and Waivers of Subrogation apply only if required by written contract, and subject to the terms and conditions of GVSU's coverage, and to the extent statutorily permitted. Coverage will not be cancelled before the expiration dates shown on this document.

<b>EVIDENCE HOLDER</b>  Evidence of Coverage Per contractual obligation, if applicable	<b>CANCELLATION</b> NONE OF THE ABOVE DESCRIBED COVERAGE CONTRACTS CAN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF.  <div style="text-align: right;">                     MARSH USA INC                      BY: MAUREEN BIEHL                      </div>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC 300 Ottawa NW Suite 301 Grand Rapids MI 49503	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C. No. Ext):</b> 616-233-0910	<b>FAX (A/C. No):</b> 616-233-0923
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Midwest Employers Casualty Company		23612
<b>INSURER B:</b> _____		
<b>INSURER C:</b> _____		
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

 License#: BR-724491  
 GRANVAL-04

**INSURED**  
 Grand Valley State University  
 4068 James H Zumberge Hall  
 One Campus Dr.  
 Allendale MI 49401-9403
**COVERAGES****CERTIFICATE NUMBER:** 821566965**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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WC Excess \$500,000 SIR			EWC009287	7/1/2024	7/1/2026	E.I. Each Accident 1,000,000 E.I. Disease EA Emplo 1,000,000 E.I. Disease Policy 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

For Proof of Insurance Only

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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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

Authorized Representative

6/14/2024

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Date