

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2017

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)

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PRODUCER		contact NAME: Roxanna Jessen				
The Partners Group Ltd		PHONE (A/C, No, Ext):425-467-3161 FAX (A/C, No):4		125-455-6727		
11225 SE 6th St., Suite 110 Bellevue WA 98004		E-MAIL ADDRESS:riessen@tpgrp.com				
20110140 1171 0000 1		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A:T.H.E. Insurance Company	12866			
INSURED	14347	INSURER B:				
Wolverine Fireworks Display, Inc.		INSURER C:				
205 West Seidlers Road Kawkawlin MI 48631		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CEDTIFICATE NUMBED: 4550004750	DEVISION NUI	ADED.			

COVERAGES CERTIFICATE NUMBER: 1552661759 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	NSR TYPE OF INSURANCE		ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
А	GENE	RAL LIABILITY COMMERCIAL GENERAL LIABILITY	Υ	CPP0104907-02	2/1/2017	2/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
		CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$Excluded
	X 5	\$2,000Deductible					PERSONAL & ADV INJURY	\$1,000,000
	Ш.						GENERAL AGGREGATE	\$N/A
	· ·	L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		MOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	H	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	ι	UMBRELLA LIAB X OCCUR		ELP0011932-02	2/1/2017	2/1/2018	EACH OCCURRENCE	\$9,000,000
	X E	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$9,000,000
		DED X RETENTION \$ N/A						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU- TORY LIMITS ER	
			N/A				E.L. EACH ACCIDENT	\$
			"				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

The following are Additional Insured on General Liability as their interest may appear as respects to operations performed by or on behalf of the Named Insured, as required by written contract:

The City of Rochester Hills, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional insureds, and not contributing with any other insurance or/similar protection available to the Additional Insureds whether other available coverage be primary, contributing, excess. 30 day notice of cancellation applies except for cancellation for non-payment of premium.

CERTIFICATE HOLDER	CANCELLATION
City of Rochester Hills 1000 Rochester Hills Drive Rochester Hills MI 48309	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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