

Class Code	Description	7/1/2021-6/30/2022			7/1/2020-6/30/2021			7/1/2019-6/30/2020			Wage
		Wages	Rate	Premium	Wages	Rate	Premium	Wages	Rate	Premium	
7380	Chauffeurs				3,333	5.60	187	-	5.60	-	
7720	Police	508,959	5.19	26,415	537,445	5.19	27,893	530,572	5.46	28,969	500,000
8810	Library		0.14	-	56,615	0.14	79	55,388	0.16	89	
8810	Office	195,961	0.14	274	160,567	0.14	225	183,517	0.16	294	195,961
9015	Janitorial	-	3.79	-	7,308	3.79	277	-	4.10	-	
9102	Park Municipal	114,811	3.08	3,536	106,345	3.08	3,275	109,616	3.69	4,045	114,811
9220	Cemetery	-	5.08	-	-	5.08	-	-	5.43	-	
9410	Municipal, Twp, State or County	66,788	1.42	948	83,327	1.42	1,183	45,000	1.52	684	66,788
		<u>886,519</u>		<u>31,174</u>	<u>954,940</u>		<u>33,120</u>	<u>924,093</u>		<u>34,080</u>	<u>388,000</u>
0900	Expense Constant			250			250			250	
9740	Terrorism	886,519	0.02	177	954,940	0.02	191	924,093	0.02	185	886,519
9741	Catastrophe	886,519	0.01	89	954,940	0.01	95	924,093	0.01	92	886,519
9880	1-800 claims	22,743	0.99	(227)	25,069	0.01	(251)	25,487	0.01	(255)	22,743
9880	Managed care	22,743	0.99	(227)	25,069	0.01	(251)	25,487	0.01	(255)	22,743
9034	Renewal credit	23,691	0.96	(948)	26,114	0.04	(1,045)	26,549	0.04	(1,062)	23,691
9887	Schedule credit	22,743	0.94	(1,365)	25,069	0.10	(2,507)	25,487	0.10	(2,549)	22,743
0063	Premium Discount	20,924	0.07	(1,449)	22,060	0.07	(1,540)	22,428	0.07	(1,569)	20,924
9037	Group/Assoc credit	31,173	0.95	(1,559)	33,119	0.05	(1,656)	34,081	0.05	(1,704)	31,173
9898	Experience modification	29,614	0.80	(5,923)	31,463	0.83	(5,349)	32,377	0.82	(5,828)	29,614
	Estimated Premium			<u>19,992</u>			<u>21,058</u>			<u>21,386</u>	
9757	Non compliance charge			<u>9,996</u>							
	Total Earned Premium			<u>29,988</u>			<u>21,058</u>			<u>21,386</u>	



AccidentFund UnitedHeartland CompWest ThirdCoast
Underwriters

Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her worker's compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. All factors will be considered, however, no one factor is determinative of the worker's status.

Answer all questions as completely as possible. **Attach additional sheets if you need more space.** Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker. In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided and updated on an annual basis.

Policyholder Jason Bunker Policy Period 7859 White Rd India Rvr MI 44741 Worker's DBA (applicable): Bunker Services

Worker's Place of Business Address (Include street address, city, state, and zip code)

Worker's FEIN number

Worker is a: Sole Proprietor Partnership Corporation Limited Liability Company

How is the worker paid? per agreed upon price per hour salary commission piece work lump sum

Does the worker hire any employees, casual laborers, or subcontractors? Yes No If yes who pays them? _____

If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties).

Describe the term and conditions of the work arrangement. Time & material

The worker was contracted to perform: misc Servic work on HVAC equipment

What specific training or instruction is the worker given by the policyholder? _____

What expenses are incurred by the worker in the performance of services for the policyholder? _____

List the supplies, equipment, materials and property provided by the worker. Please provide a copy of an invoice from the contractor:

During the above policy period, the approximate percentage of payments to the subcontractor in relation to their total income for the year. %

Can the relationship be terminated by either party without incurring liability or penalty? If "No" explain your answer Yes No

Does the worker perform similar service for others? Yes No. If "Yes" is the worker required to get approval from the policy holder? Yes No

Below is a list of other individuals and business entities that the worker has performed services for over the past year.

Does the worker carry insurance? (e.g. workers compensation, general liability, professional liability, etc.) Yes No If "Yes" please attach copies

What type of advertising, if any, does the worker have (e.g. business listing in a directory or trade journal, newspaper advertisement, business card, etc.)? Provide copies, if applicable. Does the worker advertise their business on T.V. or radio? Yes No

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Jason Bunker Title Owner Date 3-18-23



TEMPCON-08

SVLD1

DATE (MM/DD/YYYY)
2/28/2022

CERTIFICATE OF LIABILITY INSURANCE

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 License # 0019304-1

Hub International Midwest East
1591 Galbraith Ave SE
Grand Rapids, MI 49546

INSURED

Temperature Control Inc.
1623 Northern Star Dr
Traverse City, MI 49686

CONTACT Sarah Veld

NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL: sarah.veld@hubinternational.com

INSURER(S) AFFORDING COVERAGE NAIC #

INSURER A : National Fire Insurance Company of Hartford 20478

INSURER B : Continental Insurance Company of New Jersey 42625

INSURER C : Valley Forge Insurance Company 20508

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				6076462195	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
								MED EXP (Any one person)	\$ 15,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								EMPLOYEE BENEFI	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC							
	OTHER:									
A	AUTOMOBILE LIABILITY				BUA 6076462181	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
		Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			CUE6076462231	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 7,000,000	
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$ 7,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000								\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N/A	WC6 76462214	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N						E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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 <i>Neil R. Hugler</i>



WHITPIN-off

JSTEPHENS

DATE (MM/DD/YY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 General Agency Company 525 E. Broadway Mount Pleasant, MI 48858		CONTACT NAME: Julie Stephens PHONE (A/C, No, Ext): (989) 817-4245 E-MAIL ADDRESS: jstephens@galins.com	FAX (A/C, No): (989) 772-1855
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Fremont Insurance Co	13994
INSURED White Pines Electric Inc, J & J Northern Properties LLC PO Box 177 Alanson, MI 49706		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY	X	CPP007871706	10/24/2022	10/24/2023	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE					<input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Fa occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
							OTHER:	\$	
A	AUTOMOBILE LIABILITY		CAP002716406	10/24/2022	10/24/2023	COMBINED SINGLE LIMIT (Fa accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY					<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS ONLY					<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
								\$	
								\$	
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CUP003273306	10/24/2022	10/24/2023	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	1,000,000	
	DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$		
							\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N/A	WCP002084306	10/24/2022	10/24/2023	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$	500,000
							E.L. DISEASE - FA EMPLOYEE	\$	500,000
							E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Contractors E & O		CPP007871706	10/24/2022	10/24/2023	Each Occurrence		1,000,000	

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

CERTIFICATE HOLDER

CANCELLATION

**Tuscarora Township
3546 S Straits Hwy
Indian River, MI 49749**

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

John Olson



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her workers compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. This form is only valid for the worker and policy period listed below. This determination is for the audit period in question and does not affect the payment of claims.

Completing the form: Answer all questions as completely as possible. Attach additional sheets if you need more space. Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker.

Tuscarora Township

WCV 0215291 16 01

Accident Fund Policyholder

Policy Period

Policy Number

In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided on an annual basis.

Worker's Name Bruce Thompson		Worker's DBA (applicable)		
Worker's Address (Include street address, city, state and Zip code.) 2063 Miller Road, Alanson, MI 49706		Worker's Tax ID 38-6549319		
Worker is a:	<input type="checkbox"/> Sole Proprietorship Did the sole proprietor use any employees, casual labor, or uninsured subcontractors to complete the work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

A. How did the worker obtain the job? Application Bid Employment Agency Other (specify)
Type of pay the worker receives: Salary Commission Hourly Wage Piece Work Lump sum Other (specify)

B. If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement.

C. What specific training or instruction is the worker given by the policyholder? **None**

D. How does the worker receive work assignments? And who determines how and when the assignments are performed?
By phone call when a burial is scheduled

E. Is the worker required to provide the services personally? **No**

F. If substitutes or helpers are needed, who hires them? **Self** Who pays them? **Thompson**

G. List the supplies, equipment, materials and property provided by each party:
The policyholder: **None**
The worker: **Shovels and loader**
Other party: **None**

H. What expenses are incurred by the worker in the performance of services for the policyholder? **None**

I. Does the worker carry insurance (e.g., workers compensation, general liability, etc.)? If "Yes", please attach copies. **Yes**

J. List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses). **None**

K. Can the relationship be terminated by either party without incurring liability or penalty? If "No," explain your answer. **Yes**

L. Does the worker perform similar services for others? If "Yes," is the worker required to get approval from the policyholder? **Yes**

M. What type of advertising, if any, does the worker do (e.g., business listing in a directory, business cards, etc.)? Provide copies, if applicable. **Yes**

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Bruce Thompson

Title Owner

Date 8-30-2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2023

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		CONTACT NAME: Lindsey Martin	
		PHONE (A/C, No. Ext): 989-362-3003	
		E-MAIL ADDRESS: lindsey@tcains.biz	
		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Pioneer State Mutual	18309
INSURED		INSURER B: Accident Fund Co of America	12305
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CB00000995	07/01/2021	07/01/2022	EACH OCCURRENCE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		CA00302812	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person)	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	100032726	06/01/2021	06/01/2022	EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE	\$
						PER STATUTE	OTHER
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
3546 S Straits Hwy
Indian River, MI 49749

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2022

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	BKC Insurance Services 220 Water Street Cheboygan MI 49721	CONTACT NAME: Rose Waite	
		PHONE (A/C, No. Exl): (231) 627-4381	FAX (A/C, No.): (231) 627-5171
INSURED	Chaskey Septic Service Inc PO Box 135 Onaway MI 49765-0135	E-MAIL ADDRESS: rwaite@bkcininsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Home Owners Insurance Company	NAIC # 26638
		INSURER B: Auto Owners Ins Co	18988
		INSURER C:	
		INSURER D:	
		INSURER E:	
INSURER F:			

COVERAGES		CERTIFICATE NUMBER: CL227819107		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 SUBR INSD	WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			33643888	12/20/2021	12/20/2022	EACH OCCURRENCE	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY Hired AUTOS ONLY			9679925501	12/20/2021	12/20/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	\$
	CLAIMS-MADE DED RETENTION \$						AGGREGATE	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		33178139	12/20/2021	12/20/2022	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
	E.L. EACH ACCIDENT						\$ 100,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER		CANCELLATION	
Indian River Contractors, Inc. PO Box 280 Indian River MI 49749		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	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2021

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 BKC Insurance Services 220 Water Street Cheboygan MI 49721	CONTACT NAME: Kimberly Valot	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: kvalot@bkcininsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Michigan Millers Mut Ins Co	NAIC # 14508
	INSURER B: Accident Fund Ins Co of America	10166
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2142266523 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/INS'D	SUBR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			C0530511	03/25/2021	03/25/2022	EACH OCCURRENCE	\$ 500,000	
	DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000							
	MED EXP (Any one person)	\$ 5,000							
	PERSONAL & ADV INJURY	\$ 500,000							
	GENERAL AGGREGATE	\$ 1,000,000							
	PRODUCTS - COMP/OP AGG	\$ 1,000,000							
	TOT	\$							
	COMBINED SINGLE LIMIT (Ex accident)	\$							
	BODILY INJURY (Per person)	\$							
	BODILY INJURY (Per accident)	\$							
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY			ARP12002736900	08/01/2021	08/01/2022	PROPERTY DAMAGE (Per accident)	\$	
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						EACH OCCURRENCE	\$	
	UMBRELLA LIAB		OCCUR				AGGREGATE	\$	
	EXCESS LIAB		CLAIMS-MADE					\$	
	DED		RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHE-ER	
							E.L. EACH ACCIDENT	\$ 100,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER	CANCELLATION
Dodd's Tree Removal, LLC C&H Tree Removal, LLC 1110 Lahaie Rd Cheboygan MI 49721	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2022

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	CONTACT NAME: Kimberly Valot	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
BKC Insurance Services 220 Water Street	E-MAIL ADDRESS: kvalot@bkcininsurance.com	
Cheboygan MI 49721	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Michigan Millers Mut Ins Co	NAIC # 14508
INSURED	INSURER B: Accident Fund Ins Co of America	
	INSURER C:	
C&H Tree Removal, LLC Patrick Dodd 1110 Lahae Rd	INSURER D:	
	INSURER E:	
Cheboygan MI 49721	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: CL2261315140		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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		C0530511	03/25/2022	03/25/2023	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
B	DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ARP12002736900	08/01/2021	08/01/2022	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER	CANCELLATION
Dodd's Tree Removal, LLC C&H Tree Removal, LLC 1110 Lahae Rd Cheboygan MI 49721	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 <i>Kimberly A. Valot</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2023

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		CONTACT NAME: Beth McCardel	
Larkin Group of Traverse City 13900 S West Bay Shore Drive		PHONE (A/C, No, Ext): (231) 947-8800	FAX (A/C, No): (231) 346-6111
Traverse City MI 49684		E-MAIL ADDRESS: bmccardel@larkingrp.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Selective Insurance Co of America	
		INSURER B: Accident Fund Natl. Ins. Co.	12305
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2021/22		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	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY) POLICY EXP. (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S 2417572	02/24/2021 02/24/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2417572	02/24/2021 02/24/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV6125268	03/28/2021 03/28/2022		<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township	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



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her workers compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. This form is only valid for the worker and policy period listed below. This determination is for the audit period in question and does not affect the payment of claims.

Completing the form: Answer all questions as completely as possible. Attach additional sheets if you need more space. Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker.

TUSCARORA TOWNSHIP

Accident Fund Policyholder

Policy Period

WCV 0215291 16 01

Policy Number

In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided on an annual basis.

Worker's Name Ellen August		Worker's DBA (applicable) Classic Cleaning		
Worker's Address (Include street address, city, state and Zip code.) 10701 Parke Rd., Alanson, MI 49706		Worker's Tax ID 38-3086106		
Worker is a:	<input checked="" type="checkbox"/> Sole Proprietorship Did the sole proprietor use any employees, casual labor, or uninsured subcontractors to complete the work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

A. How did the worker obtain the job? Application Bid Employment Agency Other (specify)
Type of pay the worker receives: Salary Commission Hourly Wage Piece Work Lump sum Other (specify)

B. If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement.

C. What specific training or instruction is the worker given by the policyholder? **None**

D. How does the worker receive work assignments? And who determines how and when the assignments are performed? **Per attached copy**

E. Is the worker required to provide the services personally? **No**

F. If substitutes or helpers are needed, who hires them? **Self** Who pays them? **Classic Cleaning**

G. List the supplies, equipment, materials and property provided by each party:

The policyholder: **All**

The worker: **None**

Other party: **None**

H. What expenses are incurred by the worker in the performance of services for the policyholder? **None**

I. Does the worker carry insurance (e.g., workers compensation, general liability, etc.)? If "Yes", please attach copies. **Yes**

J. List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses). **None**

K. Can the relationship be terminated by either party without incurring liability or penalty? If "No," explain your answer. **Yes**

L. Does the worker perform similar services for others? If "Yes," is the worker required to get approval from the policyholder? **Yes/No**

M. What type of advertising, if any, does the worker do (e.g., business listing in a directory, business cards, etc.)? Provide copies, if applicable. **None**

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Ellen August

Title Owner

Date 9/2/21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

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		CONTACT NAME: Terry Baxter
North Country Insurance Agency, Inc PO Box 518		PHONE (A/C, No. Ext): 231-238-9882
Indian River MI 49749		E-MAIL ADDRESS: Generalmail@northcountryins.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Property-Owners Insurance Company
		INSURER B: Progressive Insurance Company
		INSURER C: Auto-Owners Insurance Company
		INSURER D: Home-Owners Insurance Company
		INSURER E:
		INSURER F:
		NAIC #
		01063100
		46271
		01063100
		01063100

COVERAGES		CERTIFICATE NUMBER: 20211228170757751		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		33023720	12/05/2021	12/05/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	02797191-6					
	12/05/2021 12/05/2022					
B	UMBRELLA LIAB EXCESS LIAB		49-023-420-01	12/05/2021	12/05/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	OCCUR CLAIMS-MADE					
	DED RETENTION \$					
	DED RETENTION \$					
	DED RETENTION \$					
	DED RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N	N/A	33037255	12/05/2021	12/05/2022	PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Y/N					
	Y/N					
	Y/N					
	Y/N					
	Y/N					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER	CANCELLATION
For Informational Purposes 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	

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2023

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		CONTACT NAME: PHONE (A/C, No. Ext): (231) 627-4381 E-MAIL ADDRESS: rwaite@bkcininsurance.com	FAX (A/C, No): (231) 627-5171
BKC Insurance Services 220 Water Street Cheboygan MI 49721		INSURER(S) AFFORDING COVERAGE INSURER A: Michigan Ins Co	NAIC # 10857
INSURED		INSURER B: Atlantic States Ins Co	22586M
K & J Septic Service, LLC 2360 River Rd Petoskey MI 49770		INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER: CL2182079906		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	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>			CPJ9356718	09/01/2021 09/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			CCJ9356718	09/01/2021 09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	1000015062	09/01/2021 09/01/2022	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township 3545 S Straits Hwy Indian River MI 49749		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 <i>Rose M. Waite</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2021

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	Holmes Murphy Associates/CSDZ,LLC 225 South Sixth Street STE 1900 Minneapolis MN 55402	CONTACT NAME: Allie Darling	
		PHONE (A/C, No. Ext): 612-322-6041	FAX (A/C, No):
INSURED	MEAHUNPC Mead & Hunt, Inc. 2440 Deming Way Middleton, WI 53562	E-MAIL: adarling@csdz.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Travelers Indemnity Company	25658
		INSURER B : Charter Oak Fire Insurance Company	25615
		INSURER C : Travelers Property Casualty Co. America	25674
		INSURER D : XL Specialty Insurance	37885
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1794631004

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						
A	COMMERCIAL GENERAL LIABILITY			6308S701301	12/1/2021	12/1/2022	EACH OCCURRENCE	\$ 1,000,000					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 300,000					
	Cont Lab Per						MED EXP (Any one person)	\$ 10,000					
	Policy Form/XCU						PERSONAL & ADV INJURY	\$ 1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000					
	POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000					
OTHER:		\$											
B	AUTOMOBILE LIABILITY			8108S688704	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000					
	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$					
	Hired AUTOS ONLY						BODILY INJURY (Per accident)	\$					
							PROPERTY DAMAGE (Per accident)	\$					
								\$					
C	UMBRELLA LIAB			CUP8S887858	12/1/2021	12/1/2022	EACH OCCURRENCE	\$ 10,000,000					
	EXCESS LIAB						AGGREGATE	\$ 10,000,000					
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$					
A C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A	UB8696243 UB85698039 UB8S699509	12/1/2021 12/1/2021 12/1/2021	12/1/2022 12/1/2022 12/1/2022	X	PER STATUTE	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
											E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	Property Professional/Pollution Liability												

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Hwy Indian River MI 49749	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 <i>Patricia A. Sisker</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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	CONTACT NAME: Megan Reilly	
	PHONE (A/C No, Ext): 2313474464	FAX (A/C No): 2313481190
INSURED	E-MAIL ADDRESS: mreilly@wilsoninsurance.us	
	INSURER(S) AFFORDING COVERAGE	
MICHIGAN LAKE PRODUCTS INC PO BOX 880	INSURER A: HASTINGS MUT INS CO	
	NAIC # 14176	
INDIAN RIVER	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGEs		CERTIFICATE NUMBER:		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	ADDRESS/ SUB INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP6093822	12/27/2021	12/27/2022	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ex occurrence)					\$ 500,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT				<input type="checkbox"/> LOC	PERSONAL & ADV INJURY
A	OTHER:					GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPO/POP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000
	ANY AUTO	OWNED AUTOS ONLY				<input checked="" type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY
A	<input checked="" type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB					UMCSL	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR				CLAIMS-MADE	EACH OCCURRENCE
A	<input checked="" type="checkbox"/> DED					AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE	OTHR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y				<input type="checkbox"/> N/A	E.L. EACH ACCIDENT
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER		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	
		Phillip Goldsmith	

© 1988-2015 ACORD CORPORATION. All rights reserved.



NORTTAN-01

FDENI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2023

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 General Agency Company 525 E. Broadway Mount Pleasant, MI 48858	CONTACT NAME: PHONE (A/C, No. Ext): (989) 817-4265	FAX (A/C, No.): (989) 772-1855
	E-MAIL ADDRESS: jrobinson@g-a-ins.com	
INSURED Northern Tank Truck Service PO Box 8 Waters, MI 49797	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: HDI Global Insurance Company	41343
	INSURER B: Accident Fund Ins Co of America	10166
	INSURER C: Kinsale Insurance Company	48920
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
<p>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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GG09C00017802	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS -COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GA09C00044000	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			GU09C00017802	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6179703	1/1/2021	1/1/2022	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
C	Commercial Umbrella			01001351710	1/1/2021	1/1/2022	Occurrence/Aggregate \$ 3,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2021

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		CONTACT NAME: Sandra Canedo PHONE (A/C, No. Ext.): 734-454-5450 FAX (A/C, No.): 734-454-5457 E-MAIL ADDRESS: sandra@loyaltyinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Secura Insurance Companies INSURER B: Secura Insurance Company NAIC # 22543 INSURER C: Retailers Mutual Insurance Company INSURER D: INSURER E: INSURER F:	
INSURED		Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	

COVERAGES		CERTIFICATE NUMBER: 00019035-442525		REVISION NUMBER: 13					
<p>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.</p>									
INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		20-CP-3265743	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
	OTHER:								
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		A3326601	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$			
	UMBRELLA LIAB								
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE								
	EXCESS LIAB								
	DED <input type="checkbox"/> RETENTION \$								
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A	WCP 0010818	04/05/2021	04/05/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000			

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

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Sandra Canedo</i> (SCA)</p>
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2023

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 Peterson McGregor & Associates 1368 Business Park Dr Traverse City MI 49686	CONTACT NAME: Janet Douglas	
	PHONE (A/C, No. Ext): 231-944-7027	FAX (A/C, No): 231-922-7275
INSURED Ramsby Drilling, Inc. 1865 S Straits Hwy Indian River MI 49749	E-MAIL ADDRESS: jdouglas@team-pma.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hastings Mutual Insurance Co.	14176
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES		CERTIFICATE NUMBER: 2083919976		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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP9702127	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACV9700030	1/1/2021	1/1/2022	MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
A	UMBRELLA LIAB EXCESS LIAB			ULC9700032	1/1/2021	1/1/2022	GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	A0009700031	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township PO Box 220 Indian River MI 49749		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	



TEMPCON-08

MKINGMAN

DATE (MM/DD/YYYY)
3/14/2023

CERTIFICATE OF LIABILITY INSURANCE

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 License # 0019304-1 Hub International Midwest East 1591 Galbraith Ave SE Grand Rapids, MI 49546	CONTACT Sarah Veld NAME: PHONE (A/C, No, Ext): E-MAIL: sarah.veld@hubinternational.com ADDRESS:
	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: National Fire Insurance Company of Hartford 20478
INSURED	INSURER B: Continental Insurance Company of New Jersey 42625
Temperature Control Inc. 1623 Northern Star Dr Traverse City, MI 49686	INSURER C: Valley Forge Insurance Company 20508
	INSURER D:
	INSURER E:
	INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6076462195	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 15,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							EMPLOYEE BENEFI \$ 1,000,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	OTHER:						BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BUA 6076462181	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 7,000,000	
							AGGREGATE \$ 7,000,000	
							\$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CUE6076462231	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 7,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 7,000,000	
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N	N / A	WC6 76462214	3/1/2021	3/1/2022	<input checked="" type="checkbox"/> 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	

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

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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



DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 License # 0019304-1

PRODUCER
Hub International Midwest East
1591 Galbraith Ave SE
Grand Rapids, MI 49546

INSURED

**Zimmerman & Sons Electric LLC
LSP Electric LLC
P.O. Box 467
Port Austin, MI 48467-0467**

COVERAGES

CERTIFICATE NUMBER:

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		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			ACP GLAO 3019788532	6/11/2021	6/11/2022	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 300,000	
				MED EXP (Any one person)				\$ 10,000		
				PERSONAL & ADV INJURY				\$ 1,000,000		
				GENERAL AGGREGATE				\$ 2,000,000		
				PRODUCTS - COMP/OP AGG				\$ 2,000,000		
				OTHER:				\$		
A	AUTOMOBILE LIABILITY				ACP BAA 3019788532	6/11/2021	6/11/2022	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		Hired AUTOS ONLY		NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$	
				PROPERTY DAMAGE (Per accident)				\$		
								\$		
								\$		
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	ACP CAA 3019788532	6/11/2021	6/11/2022	EACH OCCURRENCE	\$ 3,000,000	
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 3,000,000	
		DED <input checked="" type="checkbox"/>	RETENTION \$ 0						\$	
									\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/>	WCV6216250	1/1/2022	1/1/2023	<input checked="" type="checkbox"/>	PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N / A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Leased/Rented Equip				ACP CIMP 3019788532	6/11/2021	6/11/2022	\$500 Deductible	100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured applies to General Liability, including completed operations, and Automobile Liability, on a primary and non-contributory basis, including Waiver of Subrogation, if required by written contract. Blanket Waiver of Subrogation applies to Workers Compensation, if required by written contract. Umbrella policy is a follow form policy over General Liability, Automobile Liability and Workers Compensation.

CERTIFICATE HOLDER

CANCELLATION

**Tuscarora Township
3546 S Straits Highway
PO Box 220
Indian River, MI 49749**

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

PLATE A. (CONT'D.)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2022

DATE (MM/DD/YYYY)
12/14/2020

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	LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No.):
		INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Indemnity Insurance Co of North America INSURER C: ACE Fire Underwriters Insurance Company INSURER D: ACE Property & Casualty Insurance Co INSURER E: INSURER F:	NAIC # 22667 43575 20702 20699
INSURED	1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF NORTHERN MICHIGAN 2294 CASS ROAD TRAVERSE CITY MI 49685		

COVERAGES CERTIFICATE NUMBER: 3491037 REVISION NUMBER: XXXXXXXX

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 <small>GEN'L AGGREGATE LIMIT APPLIES PER:</small> <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <small>JECT</small> <input checked="" type="checkbox"/> LOC <small>OTHER:</small>			HDO G71572985	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H25308645	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	XOOG27929242 006	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <small>(Mandatory in NH)</small> <small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>	Y/N N	N/A	Y WLR C6781180A (AOS) WLR C67811768 (AZ, CA & MA) SCF C67811847 (WI)	01/01/2021 01/01/2021 01/01/2021	01/01/2022 01/01/2022 01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 3,000,000 E.I. DISEASE - EA EMPLOYEE \$ 3,000,000 E.I. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25308608	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

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

BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2023

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 TCA Insurance 1118 W Lake St Tawas City, MI 48763	CONTACT NAME:	FAX (A/C, No.):	
	PHONE (A/C, No., Ext):	E-MAIL ADDRESS:	
INSURED Bunker Services LLC 7859 White Road Indian River, MI 49749	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Pioneer State Mutual		18309
	INSURER B: Accident Fund		12305
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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.

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
3546 S Straits Hwy
Indian River, MI 49749

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2023

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		CONTACT NAME: Beth McCardel
Larkin Group of Traverse City 13900 S West Bay Shore Drive		PHONE (A/C, No. Ext): (231) 947-8800
Traverse City MI 49684		E-MAIL ADDRESS: bmccardel@larkngrp.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Selective Insurance Co of America
		INSURER B: Accident Fund Natl. Ins. Co.
INSURED		12305
DROST LANDSCAPE, INC. PO BOX 696 2010 CEDAR VALLEY ROAD PETOSKEY MI 49770-0696		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER: 2020/21 Master		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) 02/24/2020	POLICY EXP (MM/DD/YYYY) 02/24/2021	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	S 2417572					EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
OTHER: \$							
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	S 2417572				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	\$						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$	S 2417572				EACH OCCURRENCE \$ 5,000,000	
	AGGREGATE \$ 5,000,000						
	\$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	WCV6125268				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT \$ 500,000						
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township	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	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2020

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		CONTACT NAME: Terry Baxter
North Country Insurance Agency, Inc PO Box 518		PHONE (A/C No. Ext): 231-238-9882
Indian River MI 49749		E-MAIL ADDRESS: Generalmail@northcountryins.com
		INSURER(S) AFFORDING COVERAGE NAIC #
		INSURER A: Property-Owners Insurance Company 01063100
INSURED		INSURER B: Progressive Insurance Company 46271
Fullford Surveying & Mapping, PC. P.O. Box 969 Indian River MI 49749		INSURER C: Auto-Owners Insurance Company 01063100
		INSURER D: Home-Owners Insurance Company 01063100
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER:		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>		33023720	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		02797191-4	12/05/2020	12/05/2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ / BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	DED RETENTION \$					
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>		49-023-420-01	12/05/2020	12/05/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	DED RETENTION \$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	33037255	12/05/2020	12/05/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER		CANCELLATION	
For Informational Purposes 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	

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2021

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 Holmes Murphy Associates/CSDZ, LLC 225 South Sixth Street STE 1900 Minneapolis MN 55402	CONTACT NAME: Allie Darling	
	PHONE (A/C, No. Ext): 612-322-6041	FAX (A/C, No):
INSURED M&H Facility Operations, Inc. 2440 Deming Way Middleton, WI 53562	E-MAIL ADDRESS: adarling@csdz.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Company	25658
	INSURER B: Charter Oak Fire Insurance Company	25615
	INSURER C: Travelers Property Casualty Co. America	25674
	INSURER D: XL Specialty Insurance	37885
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 511274809

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Cont Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:		P6305C656013TIA20	12/1/2020	12/1/2021	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 300,000	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	8101L2755752043G	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP0K3011012043	12/1/2020	12/1/2021	EACH OCCURRENCE	\$ 9,000,000	
						AGGREGATE	\$ 9,000,000	
							\$	
C A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A	B8J3002332043G UB8J2154322043E UB8J3173932043V	12/1/2020 12/1/2020 12/1/2021 12/1/2020	12/1/2021 12/1/2021 12/1/2021 12/1/2021	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT	\$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A D	Property Professional/Pollution Liability		P6305C656013TIA20 DPR9967599	12/1/2020 10/25/2020	12/1/2021 10/25/2021	Bldg/BPP: \$12,825,012 Per Claim: Per Aggregate:	\$1: \$10,000,000 \$5,000,000 \$10,000,000	

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

All Work Performed

CERTIFICATE HOLDER Tuscarora Township 3546 South Straits Highway Indian River MI 49749	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 <i>Allie Darling</i>		



MEAD&HU-01

MHORSFALL

DATE (MM/DD/YYYY)
11/9/2020

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT Melissa Horsfall	
	NAME: PHONE (A/C, No, Ext): (608) 252-9617	FAX (A/C, No):
INSURED	E-MAIL ADDRESS: melissa.horsfall@hausmann-johnson.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Travelers Indemnity Company of Connecticut		25682
INSURER B: Charter Oak Fire Insurance Co		25615
INSURER C: Travelers Property Casualty Company of America		25674
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGEs CERTIFICATE NUMBER: 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/SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6305C656013	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOG OTHER:					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		8101L275575	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (If a accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP0K301101	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		UB8J2154321943E -OTH STAT	12/1/2020	12/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Hwy Indian River, MI 49749	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	



NORTTAN-01

FDENI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2023

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 General Agency Company 525 E. Broadway Mount Pleasant, MI 48858		CONTACT NAME: Jennifer Robinson PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-1855 E-MAIL: jrobinson@g-a-ins.com
		INSURER(S) AFFORDING COVERAGE INSURER A: HDI Global Insurance Company NAIC # 41343
INSURED Northern Tank Truck Service PO Box 8 Waters, MI 49797		INSURER B: Accident Fund Ins Co of America NAIC # 10166
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
							LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GG09C00017801	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$		
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			GA09C00017801	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$		
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			GU09C00017801	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ OTHER: \$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6179703	1/1/2020	1/1/2021	X PER STATUTE \$ OTHER: \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000		

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749		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 	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Sandra Canedo	
		PHONE (A/C, No. Ext): 734-454-5450	FAX (A/C, No): 734-454-5457
		E-MAIL ADDRESS: sandra@loyaltyinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Secura Insurance Companies	
		INSURER B: Secura Insurance Company	22543
		INSURER C: Retailers Mutual Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749			

COVERAGES		CERTIFICATE NUMBER: 00019035-290644		REVISION NUMBER: 12		
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/INSR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		20-CP-3265743	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY		A3265744	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N/A	WCP 0010818	04/05/2020	04/05/2021	X PER STATUTE OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Workers Comp: Marie Burfiend						

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	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 <i>Sandra Canedo</i> (SCA)



TEMPCON-08

JRITSEMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/20/2020

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	License # 0019304-1	CONTACT NAME:	
Hub International Midwest East 1591 Galbraith Ave SE Grand Rapids, MI 49546		PHONE (A/C, No, Ext):	(616) 233-4111
		E-MAIL ADDRESS:	FAX (A/C, No): (616) 233-4110
INSURED	Temperature Control Inc. 1623 Northern Star Dr Traverse City, MI 49686	INSURER(S) AFFORDING COVERAGE	
		INSURER A: National Fire Insurance Company of Hartford	20478
		INSURER B: Continental Insurance Company of New Jersey	42625
		INSURER C: Valley Forge Insurance Company	20508
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>			6076462195	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFI \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BUA 6076462181	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUE6076462231	3/1/2020	3/1/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		WC6 76462214	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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 <i>Suzi Carter</i>



ZIMM&SO-01

KDOWNEY1

DATE (MM/DD/YYYY)
3/14/2023

CERTIFICATE OF LIABILITY INSURANCE

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	License # 0019304-1 Hub International Midwest East 1591 Galbraith Ave SE Grand Rapids, MI 49546	CONTACT NAME: Carrie Sizemore	
		PHONE (A/C, No, Ext): (269) 441-5078	FAX (A/C, No):
		E-MAIL ADDRESS: Carrie.Sizemore@hubinternational.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: AMCO Insurance Company	19100
		INSURER B: Accident Fund National Insurance Company	12305
		INSURER C: Depositors Insurance Company	42587
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ACPGLAO3009788532	6/11/2020	6/11/2021	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:							\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBA3009788532	6/11/2020	6/11/2021	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			ACPCA3009788532	6/11/2020	6/11/2021	EACH OCCURRENCE	\$ 3,000,000	
							AGGREGATE	\$ 3,000,000	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A	WCV6216250	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE	OTHR-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Leased/Rented Equip			ACPCIMP3009788532	6/11/2020	6/11/2021	\$500 Deductible		\$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Revised 12/29/20 - to reflect Workers Compensation coverage effective 1/1/2021

Blanket Additional Insured applies to General Liability, including completed operations, and Automobile Liability, on a primary and non-contributory basis, including Waiver of Subrogation, if required by written contract. Umbrella policy is a follow form policy over General Liability, Automobile Liability and Workers Compensation.

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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



CUSTO-1

OP ID: RW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/05/2019

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	231-627-4381	CONTACT NAME: Rose Waite	
BKC Insurance Services P.O. Box 326, 220 Water Street Cheboygan, MI 49721-0326 Rose Waite		PHONE (A/C, No, Ext): 231-627-4381 FAX (A/C, No):	
		E-MAIL: rwaite@bkcininsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Fremont Insurance Co.	13994
INSURED	Custom Carpets & Furniture of Indian River Custom Carpets, Inc. dba P.O. Box 543, 5959 S. Straits Indian River, MI 49749	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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.

INSPR LTR	TYPE OF INSURANCE		ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY				B 0019735	02/07/2019	02/07/2020	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
X	Business Owners							MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	AUTOMOBILE LIABILITY				CAP 0015353	09/01/2018	09/01/2019	BODILY INJURY (Per person)	\$	
X	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
X	Hired AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			U 0017161	05/08/2018	06/08/2019	EACH OCCURRENCE	\$ 2,000,000	
	EXCESS LIAB							AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N		N / A	WCP 0004991	02/07/2019	02/07/2020	<input checked="" type="checkbox"/> PER STATUTE		OTHE-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
								E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER	INDIA-9	CANCELLATION
Indian River Area Library 3546 S. Straits Hwy. Indian River, MI 49749		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 Rose Waite



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2019

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	North Country Insurance Agency, Inc PO Box 518 Indian River MI 49749	CONTACT NAME:	Terry Baxter		
		PHONE (A/C, No. Ext.)	231-238-9882	FAX (A/C, No.)	231-238-4321
INSURED	Fullford Surveying & Mapping, PC. Brian Fullford P.O. Box 969 Indian River MI 49749	E-MAIL	Generalmail@northcountryins.com		
		ADDRESS			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Property-Owners Insurance Company	01063100		
		INSURER B: Progressive Insurance Company	46271		
		INSURER C: Auto-Owners Insurance Company	01063100		
		INSURER D: Home-Owners Insurance Company	01063100		
INSURER E:					
INSURER F:					

COVERAGEs

CERTIFICATE NUMBER:

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		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			33023720	12/05/2019	12/05/2020	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 2,000,000	
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	AUTOMOBILE LIABILITY ANY AUTO			02797191-4	12/05/2019	12/05/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	Hired AUTOS ONLY						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
C	X UMBRELLA LIAB		OCCUR	49-023-420-01	12/05/2019	12/05/2020	EACH OCCURRENCE	\$ 2,000,000	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 2,000,000	
	DED		RETENTION \$					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		33037255	12/05/2019	12/05/2020	PER STATUTE		OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.I. EACH ACCIDENT	\$ 500,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.I. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

SOLE PROPRIETOR FORM
For Sole Proprietors with No Employees

For workers' compensation purposes, we are required to maintain verification regarding workers' compensation coverage for all of our independent contractors.

You must provide the following information if you:

a) Are a sole proprietor with no employees, and
 b) Do not carry workers' compensation insurance.

1) Name of Sole Proprietor: JAMES C. HILL
2) Federal Tax Identification Number or last 4 digits of Social Security No. 4543
3) I am doing business as: PAINTER

Please attach one of the following:

- A copy of the assumed name certificate you filed with the county; or
- Your business card; or
- A copy of your advertisement (Yellow Pages, Newspaper, etc.); or
- List one other business or private homeowner that you have worked for during the period of July 1, through current date, including the name and address: 7969 STERLING VALLEY DR
INDIAN RIVER, MI 49749

Please complete the following statement:

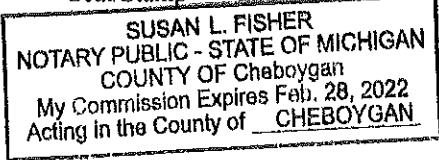
I, JAMES HILL, a Sole Proprietor with no employees will provide PAINTER SERVICES services to INDIAN RIVER AREA on a periodic basis. I do understand that I am not entitled to workers' compensation benefits under Michigan's Law, therefore, I am personally responsible for any injuries/illnesses I may sustain while performing my services to said entity.

Dated at: 12/19/18, on this 19th day of December, 2018

Signed: James C. Hill
Sole Proprietor

Notary Public, STATE OF MICHIGAN, COUNTY OF Cheboygan
On this 19th day of December, 2018 before me personally appeared Susan L. Fisher, who being duly sworn did state that s/he is not entitled to workers' compensation benefits as indicated under Michigan's Law, and will not hold responsible the above named entity s/he may provide services to for any injury(ies) illness(es) s/he may sustain while performing such indicated services.

Seal/Stamp




Notary Public,
Acting in the County Of: Cheboygan
County My Commission expires: 2/28/2022



CERTIFICATE OF LIABILITY INSURANCE

K&JSE-1 OP ID: SO

DATE (MM/DD/YYYY)

09/02/2020

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 Madigan/Pingatore Ins Services 105 W. Water Street Sault Ste. Marie, MI 49783 Sonja J Reinhart		CONTACT NAME: Sonja J Reinhart PHONE (A/C, No. Ext): 906-635-5233 E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A : EMC Insurance Companies
		NAIC # 21415
INSURED K & J Septic Service, LLC 2360 River Rd Petoskey, MI 49770		INSURER B : Accident Fund Company INSURER C : INSURER D : INSURER E : INSURER F :
		10166

COVERAGES CERTIFICATE NUMBER: 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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6D10365	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			6E10365	09/01/2019	09/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			6J10365	09/01/2019	09/01/2020	EACH OCCURRENCE	\$ 1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE	\$ 1,000,000	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV6195543	09/01/2019	09/01/2020	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER	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 Sonja J Reinhart	



MEADHU1

OP ID: MRH

DATE (MM/DD/YYYY)
11/21/2019

CERTIFICATE OF LIABILITY INSURANCE

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 Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 Phil Hausmann	608-257-3795	CONTACT NAME: Phil Hausmann, CIC PHONE (A/C, No, Ext): 608-257-3795 FAX (A/C, No): 608-257-4324 E-MAIL ADDRESS:
INSURED Mead & Hunt, Inc. M&H Architecture, Inc. Mead & Hunt Companies, Inc. Mead & Hunt International, Inc 2440 Deming Way Middleton, WI 53562-1562	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty & Surety 19038	
	INSURER B: Cincinnati Insurance Company 10677	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		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
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6305C656013	12/01/2019 12/01/2020
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8101L275575	12/01/2019 12/01/2020
	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			CUP0K301101	12/01/2019 12/01/2020
	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N	Y/N	N/A	UB8J317393 - WI UB8J215432 - OTH STATE	12/01/2019 12/01/2020
	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
If yes, describe under DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER	CANCELLATION	
TUSCARO Tuscarora Township 3546 South Straits Hwy Indian River, MI 49749	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 		



WHITPIN-01

JSTEPHENS

DATE (MM/DD/YYYY)

1/9/2020

CERTIFICATE OF LIABILITY INSURANCE

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 General Agency Company 525 E. Broadway Mount Pleasant, MI 48858	CONTACT NAME: Julie Stephens
	PHONE (A/C, No. Ext): (989) 817-4245
E-MAIL ADDRESS: jstephens@g-a-ins.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Fremont Insurance Co	
NAIC # 13994	
INSURED White Pines Electric Inc PO Box 177 Alanson, MI 49706	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES		CERTIFICATE NUMBER:		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP007871703	10/24/2019	10/24/2020	EACH OCCURRENCE	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAP002716403	10/24/2019	10/24/2020	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP003273303	10/24/2019	10/24/2020	BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCP002084303	10/24/2019	10/24/2020	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE
A	Contractors E & O		CPP007871703	10/24/2019	10/24/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$
						E.L. EACH ACCIDENT	\$ 500,000
		E.L. DISEASE - EA EMPLOYEE	\$ 500,000				
		E.L. DISEASE - POLICY LIMIT	\$ 500,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER	CANCELLATION
Rhadian & Sons Inc, Tuscarora Township Police Department 3658 Sturgeon Ave Indian River, MI 49749	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 <i>Julie Stephens</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/02/2020

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	CONTACT NAME: Noreen Aninos	
	PHONE (AGC No. Ext): (231) 547-4441	FAX (AGC No): (231) 547-2771
Charlevoix Agency Inc. 112 Clinton Street PO Box 238 Charlevoix	E-MAIL ADDRESS: noreen@charlevoixagency.com	INSURER(S) AFFORDING COVERAGE
MI 49720-0238	INSURER A: Auto Owners Insurance Company	NAIC # 18998
INSURED	INSURER B: Home Owners Insurance Company	26636
W W Fairbairn & Sons Inc. PO Box 100	INSURER C:	
Alanson	INSURER D:	
MI 49706-0100	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2019/2020		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	ADDS/SUBR INSD/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		33053272	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
B	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY Hired AUTOS ONLY 18	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	4628285800	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Indicate in W/V) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A	33053374	10/01/2019	10/01/2020	PER STATUTE \$ E.L. EACH ACCIDENT \$ 600,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
	Plumbing and Heating Contractor					

CERTIFICATE HOLDER		CANCELLATION	
Rhadigan & Sons Inc. Attn: Eric PO Box 22 Indian River		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	

© 1988-2015 ACORD CORPORATION. All rights reserved.



CUSTO-1

OP ID: RW

DATE (MM/DD/YYYY)
01/03/2019

CERTIFICATE OF LIABILITY INSURANCE

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 BKC Insurance Services P.O. Box 326, 220 Water Street Cheboygan, MI 49721-0326 Rose Waite	231-627-4381	CONTACT NAME: Rose Waite PHONE (A/C, No, Ext): 231-627-4381 FAX (A/C, No): E-MAIL ADDRESS: rwaite@bkcinsurance.com
INSURED Custom Carpets & Furniture of Indian River Custom Carpets, Inc. dba P.O. Box 543, 5959 S. Straits Indian River, MI 49749		INSURER(S) AFFORDING COVERAGE INSURER A: Fremont Insurance Co. NAIC # 13994
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR			B 0019735	02/07/2018	02/07/2019	EACH OCCURRENCE	\$ 1,000,000	
	Business Owners						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000	
	OTHER:						PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$	
								\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAP 0015353	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	X UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			U 0017161	05/08/2018	05/08/2019	EACH OCCURRENCE	\$ 2,000,000	
	DED <input type="checkbox"/> X RETENTION \$ 10,000						AGGREGATE	\$ 2,000,000	
								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	WCP 0004991	02/07/2018	02/07/2019	X PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/>		
							E.L. EACH ACCIDENT	\$ 500,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER

CANCELLATION

INDIA-9 Indian River Area Library Tuscarora Twp. 3546 S. Straits Hwy. Indian River, MI 49749	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 Rose Waite
--	---

DATE (MM/DD/YYYY)
2/18/2019

CERTIFICATE OF LIABILITY INSURANCE

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 David Chapman Agency, Inc. P.O. Box 30109 Lansing, MI 48909	CONTACT NAME: Sue DeWitt	
	PHONE (A/C, No, Ext): (517) 319-8232	FAX (A/C, No): (517) 321-9443
	E-MAIL ADDRESS: sdewitt@davidchapmanagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Trust Insurance Co	20141
	INSURER B: FCCI Insurance Group	10178
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED JBS Contracting, Inc. P. O. Box 370 Mt. Pleasant, MI 48804-0370	COVERAGES	CERTIFICATE NUMBER:	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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				CPP100031664	10/4/2018	10/4/2019	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (ea occurrence)	\$ 300,000	
	<input checked="" type="checkbox"/> Contractual Liab							MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> XCU Included							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:								\$	
A	AUTOMOBILE LIABILITY				CA100006759	10/4/2018	10/4/2019	COMBINED SINGLE LIMIT (ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			UMB100018571	10/4/2018	10/4/2019	PROPERTY DAMAGE (Per accident)	\$	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						\$	
	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE	\$ 5,000,000	
								AGGREGATE	\$ 5,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N/A	WC000002354	10/4/2018	10/4/2019	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township PO Box 220 Indian River, MI 49749	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 <i>David S. Chapman</i>



K&JSE-1

OP ID: RW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/17/2018

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	231-627-4381	CONTACT NAME: Rose Waite	
BKC Insurance Services P.O. Box 326, 220 Water Street Cheboygan, MI 49721-0326 Rose Waite		PHONE (A/C, No, Ext): 231-627-4381 FAX (A/C, No):	
		E-MAIL ADDRESS: rwaite@bkcinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Hastings Mutual Insurance Co.	14176
INSURED	K & J Septic Service, LLC 2360 River Road Petoskey, MI 49770	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP6122090	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACV6121601	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ULC6121603	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 OTHER: \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC 6121602	09/01/2018	09/01/2019	X PER STATUTE \$ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

TUSCA-1	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 Rose Waite	



MEADHU1

OP ID: MRH

DATE (MM/DD/YYYY)

09/18/2019

CERTIFICATE OF LIABILITY INSURANCE

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 Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 Phil Hausmann	608-257-3795	CONTACT NAME: Phil Hausmann, CIC PHONE (AJC, No, Ext): 608-257-3795 FAX (AJC, No): 608-257-4324 E-MAIL ADDRESS:
INSURED Mead & Hunt, Inc. M&H Architecture, Inc. Mead & Hunt Companies, Inc. Mead & Hunt International, Inc. 2440 Deming Way Middleton, WI 53562-1562	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty & Surety NAIC # 19038	
	INSURER B: Cincinnati Insurance Company 10677	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			P6305C656013TIL18	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							OTHER: \$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			8101L2755751843G	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CUP0K3011011843	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 9,000,000	
							AGGREGATE \$ 9,000,000	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N	N/A	UB8J3173931843V WI	12/01/2018	12/01/2019	E.L. EACH ACCIDENT \$ 1,000,000	
				UB8J2154321843E-OTH STAT	12/01/2018	12/01/2019	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township 3546 South Straits Hwy Indian River, MI 49749		TUSCARO <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 	



CERTIFICATE OF LIABILITY INSURANCE

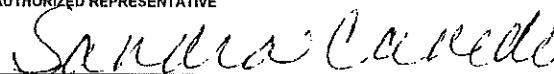
DATE (MM/DD/YYYY)
04/02/2018

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		CONTACT NAME: Sandra Canedo
Loyalty Insurance Agency Inc. 41575 Joy Road Ste 100 Canton, MI 48187		PHONE (A/C, No. Ext): 734-454-5450 FAX (A/C, No): 734-454-5457
		E-MAIL ADDRESS: sandra@loyaltyinsurance.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Secura Insurance Companies
		INSURER B: Secura Insurance Company 22543
		INSURER C: Retailers Mutual Insurance Company
		INSURER D:
		INSURER E:
		INSURER F:
INSURED		Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749

COVERAGES		CERTIFICATE NUMBER: 00000000-37537		REVISION NUMBER: 5					
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) 04/01/2018	POLICY EXP (MM/DD/YYYY) 04/01/2019	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			20-CP-3265743			EACH OCCURRENCE \$ 1,000,000		
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000								
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 10,000		
	PERSONAL & ADV INJURY \$ 1,000,000								
	GENERAL AGGREGATE \$ 2,000,000						PRODUCTS - COMP/OP AGG \$ 2,000,000		
	OTHER: \$ 2,000,000								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY			A3265744			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						DODILY INJURY (Per person) \$ 1,000,000		
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident) \$ 1,000,000		
	OCCUR <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$ 1,000,000		
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ 1,000,000		
	AGGREGATE \$ 1,000,000								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N Y	N/A	WCP 0010818			<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	E.L. EACH ACCIDENT \$ 2,000,000								
	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000						E.L. DISEASE - POLICY LIMIT \$ 2,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Workers Comp: Marie Burfiend									

CERTIFICATE HOLDER		CANCELLATION		
Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749		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  (SCA)		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/09/2018

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	CONTACT NAME: Beth McCardel	
	PHONE (A/C, No. Ext): (231) 947-8800	FAX (A/C, No.): (231) 346-6111
Larkin Group of Traverse City 13900 S West Bay Shore Drive Traverse City MI 49684	E-MAIL ADDRESS: bmccardel@larkingrp.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Motorists Mutual Ins Co	
	INSURER B: Accident Fund General Ins Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 18/19 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	ADD'L SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR E & O - \$300,000	Y	3330607810	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Mandatory in NH If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV6098838	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000 EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>					
	E.L. EACH ACCIDENT \$ 1,000,000					
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000					

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 S. Straits Highway P.O. Box 220 Indian River MI 49749	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(es) 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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME:	CLIENT CONTACT CENTER		
	PHONE (A/C, No, Ext):	888-333-4949	FAX (A/C, No):	507-446-4664
	E-MAIL ADDRESS:	CLIENTCONTACTCENTER@FEDINS.COM		
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY			13935
INSURED	368-332-3	INSURER B:		
TOP LINE ELECTRIC LLC 5057 SAWYER WOODS DR TRAVERSE CITY, MI 49685-9370		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 73

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			N	9170642	06/01/2018	06/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG				
								\$1,000,000 \$100,000 EXCLUDED \$1,000,000 \$2,000,000 \$2,000,000				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			N	9170642	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
								\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		N	9170644	06/01/2018	06/01/2019	EACH OCCURRENCE AGGREGATE			
								\$5,000,000 \$5,000,000				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Y / N N / A	N	9170643	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
									\$1,000,000 \$1,000,000 \$1,000,000			

THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.

CERTIFICATE HOLDER

CANCELLATION

73 0

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

Michael G. Kern



K&JSE-1

OP ID: RW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2018

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		231-627-4381	CONTACT Rose Waite NAME: PHONE (A/C, No, Ext): 231-627-4381 FAX (A/C, No): E-MAIL ADDRESS: rwaite@bkcinsurance.com		
INSURED		K & J Septic Service, LLC 2360 River Road Petoskey, MI 49770	INSURER(S) AFFORDING COVERAGE INSURER A: Hastings Mutual Insurance Co.		NAIC # 14176
			INSURER B:		
			INSURER C:		
			INSURER D:		
			INSURER E:		
			INSURER F:		

COVERS

CERTIFICATE NUMBER:

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				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				CPP6122090	09/01/2017	09/01/2018	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
							MED EXP (Any one person)	\$ 5,000				
							PERSONAL & ADV INJURY	\$ 1,000,000				
							GENERAL AGGREGATE	\$ 2,000,000				
							PRODUCTS - COMP/OP AGG	\$ 2,000,000				
								\$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					BODILY INJURY (Per person)	\$			
	OTHER:							BODILY INJURY (Per accident)	\$			
	AUTOMOBILE LIABILITY				ACV6121601	09/01/2017	09/01/2018	PROPERTY DAMAGE (Per accident)	\$			
A	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS										\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY										
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			ULC6121603	09/01/2017	09/01/2018	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE									AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 0										\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A	WC 6121602	09/01/2017	09/01/2018	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input checked="" type="checkbox"/> Y								E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE	\$ 500,000
											E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

Tuscarora Township
PO Box 220
Indian River, MI 49749

TUSCA-1

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
Rose Waite



CERTIFICATE OF LIABILITY INSURANCE

BENNK1

OP ID: CW

 DATE (MM/DD/YYYY)
 09/17/2018

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 Dewey Ins. Agency, Inc. Dewey Oil & Gas Agency P.O. Box 640, 318 N. Cedar St Kalkaska, MI 49646	231-258-2301	CONTACT NAME: PHONE (A/C, No, Ext): 231-258-2301 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Matts, LLC dba Matts Underground Utility 8975 S.East Torch Lake Dr. Alden, MI 49612-9535	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westchester Surplus Lines Ins	
	INSURER B: Hastings Mutual Insurance Co. 14176	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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	SURR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP9746179	12/12/2017	12/12/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER						
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACV9895613	12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			ULC9893016	12/12/2017	12/12/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$						
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A			WC9746180	12/12/2017	12/12/2018	X PER STATUTE \$ EL EACH ACCIDENT \$ 1,000,000 EL D SEASE - EA EMPLOYEE \$ 1,000,000 EL D SEASE - POLICY LIMIT \$ 1,000,000
A	RENTED EQUIPMENT			CPP9746179	12/12/2017	12/12/2018	\$500 DED
B	CONTR POLLUTION			G27114714 004	09/17/2017	09/17/2018	200,000
							2,000,000

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

CERTIFICATE DOES NOT REPRESENT THAT INSURANCE SATISFIES CONTRACTUAL REQUIREMENTS SIGNED BY INSURED.

CERTIFICATE HOLDER

CANCELLATION

TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749	TUSCTO1	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



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 Phil Hausmann		608-257-3795	CONTACT NAME: Phil Hausmann, CIC
		PHONE (AC, No, Ext): 608-257-3795	FAX (AC, No): 608-257-4324
		E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Travelers Casualty & Surety			19038
INSURED	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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.

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

CERTIFICATE HOLDER

TUSCARO

CANCELLATION

Tuscarora Township
3546 South Straits Hwy
Indian River, MI 49749

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

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her worker's compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. All factors will be considered, however, no one factor is determinative of the worker's status.

Answer all questions as completely as possible. **Attach additional sheets if you need more space.** Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker. In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided and updated on an annual basis.

Policyholder	Policy Period	Policy Number
Worker's Name: <u>Ellen Au Guest</u>	Worker's DBA (applicable): <u>10701 Prairie Road</u>	

Worker's Place of Business Address (Include street address, city, state, and zip code) 10701 Prairie Road Worker's FEIN number _____

Worker is a: Sole Proprietor Partnership Corporation Limited Liability Company

How is the worker paid? per agreed upon price per hour salary commission piece work lump sum

Does the worker hire any employees, casual laborers, or subcontractors? Yes No If yes who pays them? _____

If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties).

Describe the term and conditions of the work arrangement.

3 days a week, 2-3 hours per day

The worker was contracted to perform: Cleaning Services

What specific training or instruction is the worker given by the policyholder? _____

What expenses are incurred by the worker in the performance of services for the policyholder? _____

List the supplies, equipment, materials and property provided by the worker. Please provide a copy of an invoice from the contractor:

During the above policy period, the approximate percentage of payments to the subcontractor in relation to their total income for the year. _____ %

Can the relationship be terminated by either party without incurring liability or penalty? If "No" explain your answer Yes No

Does the worker perform similar service for others? Yes No If "Yes" is the worker required to get approval from the policy holder? Yes No

Below is a list of other individuals and business entities that the worker has performed services for over the past year.

Tuscarora Fire Dept, Indiana River Contractors, The Blue, UMC, Tabernacle Church

Does the worker carry insurance? (e.g. workers compensation, general liability, professional liability, etc.) Yes No If "Yes" please attach copies

What type of advertising, if any, does the worker have (e.g. business listing in a directory or trade journal, newspaper advertisement, business card, etc.)? Provide copies, if applicable. Does the worker advertise their business on T.V. or radio? Yes No

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Ellen Au Guest Title Owner Date 4/1/23



CERTIFICATE OF LIABILITY INSURANCE

DATE 9/13/2022

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

Wilson Insurance Agency LLC

2073 US 31 N

PELUSKEY

MI 49770

INSURED

24/7 SEWER AND DRAIN CLEANING LLC
11541 PICKBREL LAKE RD

PETOSKEY

MI 49770-9697

CONTACT NAME:	Robin Laskowski
PHONE (AIC, No. Ext.):	231-34-7-4464
FAX (AIC, No.):	2313481190
E-MAIL ADDRESS:	rlaskowski@wilsoninsurance.us
INSURER(S) AFFORDING COVERAGE	
INSURER A:	HASTINGS MUT INS CO
NAIC #	
14176	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERS

CERTIFICATE NUMBER:

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	MDL/DSUB/INSD/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	8 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> 8 OCCUR		CPP6183379	04/08/2022	04/08/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> 8 SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> 8 NON-OWNED AUTOS ONLY		ACV6192319	05/16/2022	05/16/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB - <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
A	DED <input type="checkbox"/> RETENTION <input type="checkbox"/>		0006193385	06/17/2022	06/17/2023	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y If yes, describe under DESCRIPTION OF OPERATIONS below					8 PER STATUTE <input type="checkbox"/> OTH- ER <input type="checkbox"/> EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

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

Phillip Goldsmith



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JK

DATE (MM/DD/YYYY)

02/13/2023

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 King Insurance Agency 308 State Street Petoskey, MI 49770 Julia E. Makela		CONTACT NAME: Julia Makela PHONE (A/C, No, Ext): 231-347-9062 E-MAIL ADDRESS: julia@kinginsagency.com PRODUCER CUSTOMER ID #: ACCESSL
INSURED Access Locksmithing Inc Jared Urman 2795 Cemetery Road Petoskey, MI 49770	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Home Owners Insurance Co. 26638	
	INSURER B: Auto Owners Insurance Co. 18988	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGEs		CERTIFICATE NUMBER:		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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		33230875	02/24/2023 02/24/2022	02/24/2024 02/24/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC										
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						4623087500	02/01/2023 02/01/2022	02/01/2024 02/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS										
	<input checked="" type="checkbox"/> NON-OWNED AUTOS										
	<input checked="" type="checkbox"/> Garage Liability										
UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE										EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
DEDUCTIBLE											
RETENTION \$											
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> (MANDATORY in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						N/A	33211223	07/01/2022	07/01/2023		X WC STATUTORY LIMITS \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER		CANCELLATION	
TUSCART Tuscarora Township		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 <i>Janice E. King</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2023

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		CONTACT NAME: <input type="text" value="Lindsey Martin"/>	PHONE (A/C No. Ext): <input type="text" value="989-362-3003"/>	FAX (A/C No): <input type="text"/>
		E-MAIL ADDRESS: <input type="text" value="lindsey@tcains.biz"/>		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: <input type="text" value="Pioneer State Mutual"/>		18309
INSURED		INSURER B: <input type="text" value="Accident Fund Co of America"/>		12305
		INSURER C: <input type="text"/>		
		INSURER D: <input type="text"/>		
		INSURER E: <input type="text"/>		
		INSURER F: <input type="text"/>		

COVERAGEs

CERTIFICATE NUMBER:

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CB00000995	07/01/2022	07/01/2023	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
						OTHER:	\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CA00302812	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						OTHER:	\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE	\$
	DED RETENTIONS					AGGREGATE	\$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	100032726	06/01/2022	06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
3546 S Straits Hwy
Indian River, MI 49749

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

DATE (MM/DD/YYYY)
2/13/2023

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT	Sue DeWitt
	NAME:	
David Chapman Agency, Inc. P.O. Box 30109 Lansing, MI 48909	PHONE (A/C, No, Ext):	(517) 319-8232
	FAX (A/C, No):	(517) 321-9443
INSURED	E-MAIL ADDRESS:	sdewitt@davidchapmanagency.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Benchmark Insurance Company	41394
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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		
A	X	COMMERCIAL GENERAL LIABILITY			CP5005338	1/3/2023	1/3/2024	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	X	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
								MED EXP (Any one person)	\$ 5,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
		POLICY	PRO- JECT	LOC				GENERAL AGGREGATE	\$ 2,000,000	
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY				CA5002434	1/3/2023	1/3/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X	ANY AUTO OWNED AUTOS ONLY		SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	X	HIRED AUTOS ONLY		X	NON-OWNED AUTOS ONLY			BODILY INJURY (Per accident)	\$	
A	X	UMBRELLA LIAB	X	OCCUR				PROPERTY DAMAGE (Per accident)	\$	
		EXCESS LIAB		CLAIMS-MADE					\$	
	DED	X	RETENTION \$	10,000					\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A	WC5003664	1/3/2023	1/3/2024	X PER STATUTE	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)							E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
								E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
3546 S. Straits Hwy
PO Box 220
Indian River, MI 49749

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

David S. Chapman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/09/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: PHONE (A/C, No, Ext): (360) 734-1161 E-MAIL ADDRESS: malloryv@riceinsurance.com
Rice Insurance LLC 1400 Broadway Bellingham WA 98225		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company INSURER B: Zurich American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED		NAIC # 17370 16535
CertaSite, LLC 9855 Crosspoint Blvd., Suite 126 Indianapolis IN 46256		

COVERAGES CERTIFICATE NUMBER: CL2211300595 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$ 1,000,000	
A							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Professional Liability	\$ 1,000,000	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ECP203900910	11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	Y	FFX203901010	11/15/2022	11/15/2023	EACH OCCURRENCE	\$ 5,000,000	
	DED RETENTION \$						AGGREGATE	\$ 5,000,000	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	Y	WC636020800	11/15/2022	11/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	

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

Certificate Holder is Additional Insured for General Liability for Ongoing Operations per form ECP1246 0121 and Completed Operations per form ECP1248 0121. Coverage is Primary and Non-Contributory. Waiver of Subrogation applies per form ECP1260 0121. Per Project Aggregate applies per form ECP1289 0121. Auto Additional Insured and Waiver of Subrogation apply per attached forms. Workers Comp Waiver of Subrogation applies per form WC000313 0484. All endorsements apply per written contract. Umbrella follows form to the underlying policies.

CERTIFICATE HOLDER

Tuscarora Township
3546 South Straits Highway

Indian River MI 49749

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2022

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		CONTACT NAME: Beth McCardel	
Larkin Group of Traverse City 13900 S West Bay Shore Drive		PHONE (A/C, No, Ext): (231) 947-8800	FAX (A/C, No): (231) 346-6111
Traverse City MI 49684		E-MAIL ADDRESS: bmccardel@larkingrp.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
DROST LANDSCAPE, INC. PO BOX 696 2010 CEDAR VALLEY ROAD PETOSKEY MI 49770-0696		INSURER A: Selective Insurance Co of America	NAIC #
		INSURER B: Accident Fund Natl. Ins. Co.	12305
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2022/23 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		S 2417572	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		S 2417572	02/24/2022	02/24/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV6125268	03/28/2022	03/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2023

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		CONTACT NAME: Beth McCardel		
Larkin Group of Traverse City 13900 S West Bay Shore Drive		PHONE (A/C, No. Ext): (231) 947-8800	FAX (A/C, No): (231) 346-6111	
		E-MAIL ADDRESS: bmccardel@larkingrp.com		
Traverse City MI 49684		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Selective Insurance Co of America		
INSURED		INSURER B: Accident Fund Natl. Ins. Co.		12305
DROST LANDSCAPE, INC. PO BOX 696 2010 CEDAR VALLEY ROAD PETOSKEY MI 49770-0696		INSURER C: INTACT SPECIALTY SOLUTION		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2022/23

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	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S 2417572	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2417572	02/24/2022	02/24/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2417572	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCV6125268	03/28/2022	03/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000
C	Pollution Liability			793-01-21-89-0000	10/05/2022	10/05/2023	Policy Limit \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/23/2022

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		CONTACT NAME: Beth McCardel	
Larkin Group of Traverse City 13900 S West Bay Shore Drive		PHONE (A/C, No, Ext): (231) 947-8800	FAX (A/C, No): (231) 346-6111
Traverse City MI 49684		E-MAIL ADDRESS: brnccardel@larkngrp.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
DROST LANDSCAPE, INC. PO BOX 696 2010 CEDAR VALLEY ROAD PETOSKEY MI 49770-0696		INSURER A: Selective Insurance Co of America	NAIC #
		INSURER B: Accident Fund Natl. Ins. Co.	12305
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2022/23		REVISION NUMBER:			
<p>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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S 2417572	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GENERAL AGGREGATE \$ 2,000,000							
PRODUCTS - COMP/OP AGG \$ 2,000,000							
OTHER: \$							
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2417572	02/24/2022	02/24/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
OTHER: \$							
A	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2417572	02/24/2022	02/24/2023	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	OTHER: \$						
	OTHER: \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	WCV6125268	03/28/2022	03/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 500,000						
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						

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

CERTIFICATE HOLDER

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

MI

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Terry Baxter	
North Country Insurance Agency, Inc PO Box 518		PHONE (A/C, No. Ext): 231-238-9882 FAX (A/C, No): 231-238-4321	
Indian River MI 49749		E-MAIL ADDRESS: Generalmail@northcountryins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Property-Owners Insurance Company	NAIC # 01063100
		INSURER B: Auto-Owners Insurance Company	01063100
		INSURER C: Home-Owners Insurance Company	01063100
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2021122817075775			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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			33023720	12/05/2022	12/05/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			53-935954-00	07/05/2022	07/05/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	EXCESS LIAB						
	DED <input type="checkbox"/> RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	33037255	12/05/2022	12/05/2023	PER STATUTE	OTH-ER
	E.L. EACH ACCIDENT \$ 500,000						
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						

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

CERTIFICATE HOLDER

Cheboygan County
870 S Main St
Cheboygan MI 49721

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2022

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
NFP Property & Casualty Services(Primary Casualty)
45 Executive Drive, Plainview, NY 11803
NFP Canada Corp*184 Front Street - Suite 601
Toronto ON M5A 4N3

INSURED
GFL Environmental Holdings (US), Inc
and its subsidiaries
3301 Benson Drive - Suite 601
Raleigh NC 27609

GLFENVI-01

CONTACT

NAME: RISK MANAGEMENT NE

PHONE (A/C, No, Ext): 516-327-2700

FAX (A/C, No): 516-327-2800

E-MAIL

ADDRESS: RiskCerts@nfp.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Ironshore Specialty Insurance Company

25445

INSURER B : National Union Fire Insurance Company of Pittsburg

19445

INSURER C : Chubb Insurance Company of Canada

INSURER D : AIU Insurance Company

19399

INSURER E : Underwriters Lloyds London

32727

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 910757927

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				6882279	6/1/2022	6/1/2023	EACH OCCURRENCE	\$ 4,400,000	
								DAMAGE TO RENTED PREMISES (ea occurrence)	\$ 1,000,000	
								MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 4,400,000	
								GENERAL AGGREGATE	\$ 20,000,000	
								PRODUCTS - COMP/OP AGG	\$ 4,400,000	
								Loc/Project Agg	\$ 4,400,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				9767485 (AOS) 9767484 (VA)	6/1/2022 6/1/2022	6/1/2023 6/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 4,400,000	
								BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
								\$	\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			XBC602852*	6/1/2022	6/1/2023	EACH OCCURRENCE	\$ 7,500,000	
								AGGREGATE	\$ 7,500,000	
								Limits shown in CND\$	\$	
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION <input checked="" type="checkbox"/> AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A			WC35901818 (AOS) WC35901819 (CA) WC35901820 (WI)	6/1/2022 6/1/2022 6/1/2022	6/1/2023 6/1/2023 6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> E.L. EACH ACCIDENT <input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE <input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT	\$ 5,000,000 \$ 5,000,000 \$ 5,000,000	
A	Contractors Pollution Equipment Including Leased/Rented				ICELLUW00121214 UP2205227	6/1/2022 6/1/2022	6/1/2023 6/1/2023	Each Incident/Agg Limit Per Occurrence	\$ 20,000,000 SELF INSURED	

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

CERTIFICATE HOLDER

CANCELLATION

Evidence - Generic	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2022

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 NAME: PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS: info@brittongallagher.com		FAX (A/C, No): 216-658-7101
Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED		INSURER A: Everest Indemnity Insurance Co.		10851
Great Lakes Fireworks LLC 3275 W M76 P.O. Box 276 West Branch MI 48661		INSURER B: Everest Denali Insurance Company		16044
		INSURER C: Axis Surplus Ins Company		26620
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 656317220

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	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			SI8GL01969-221	1/21/2022	1/21/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							OTHER:	\$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			SI8CA00273-221	1/21/2022	1/21/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			P-001-000798280-01	2/4/2022	1/21/2023	EACH OCCURRENCE	\$ 4,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE	\$ 4,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

DISPLAY DATE: July 2nd, 2023 RAIN DATE: July 5th, 2023 LOCATION: Veterans Pier at DeVoe Beach: 6566 Oak Glen St, Indian River, MI 49749

Tuscarora Township including all its elected and appointed officials, employees, volunteers, board, commissions, and/or other authorities; Columbus Beach Club and all its members, boards, employees, and volunteers

CERTIFICATE HOLDER

CANCELLATION

TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER MI 49749		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

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2023

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		CONTACT NAME: Rose Waite	
BKC Insurance Services 220 Water Street		PHONE (A/C, No. Ext):	FAX (A/C, No):
Cheboygan MI 49721		E-MAIL ADDRESS: rwaite@bkcininsurance.com	
INSURED		INSURER(S) AFFORDING COVERAGE	NAIC #
K & J Septic Service, LLC 2360 River Rd		INSURER A: Michigan Ins Co	10857
Petoskey MI 49770		INSURER B: Atlantic States Ins Co	22586M
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: CL2281223460		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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>		CPJ9356718	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									
	OTHER:									
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>									
	A									
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>									
A		CCJ9356718	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$					
					EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$					
					WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A		1000015062	09/01/2022	09/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
					(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township 3545 S Straits Hwy		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Indian River MI 49749		AUTHORIZED REPRESENTATIVE <i>Rose M Waite</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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 Hylant - Grand Rapids 85 Campau Ave. NW, Ste 100 Grand Rapids MI 49503	CONTACT NAME: PHONE (A/C, No. Ext): 616-855-7900 E-MAIL ADDRESS: GRCerts@hylant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Kalamazoo Sanitary Supply, Inc. DBA KSS Enterprises 5053 Sports Dr Kalamazoo MI 49009-7117	INSURER A: FCCI Insurance Company	10178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1335978063

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		ADD'L/SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP100058615	7/5/2022	7/5/2023	EACH OCCURRENCE (EA occurrence)	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	CA100057564	7/5/2022	7/5/2023	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UMB100058616	7/5/2022	7/5/2023	EACH OCCURRENCE	\$ 10,000,000	
							AGGREGATE	\$ 10,000,000	
								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A	WC0100058617	7/5/2022	7/5/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT		OTH- ER
								\$ 500,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes	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 <i>Nicholas R. Hylant</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL: ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
INSURED M & M PLUMBING, HEATING AND COOLING, INC. PO BOX 576 INDIAN RIVER, MI 49749-0576		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC #: 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER: 0		REVISION NUMBER: 0									
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	1837774	07/29/2022	07/29/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC												
	OTHER:												
	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY												
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION	N	N	1837776	07/29/2022	07/29/2023	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)						
							EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000						
							WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	N	1837775	07/29/2022	07/29/2023	X PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
							A DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.						

CERTIFICATE HOLDER		CANCELLATION	
A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.		00 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 <i>Michael G. Kerr</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2023

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		CONTACT NAME: <input type="text" value="Kate Porter"/>
North Country Insurance Agency, Inc PO Box 518		PHONE (A/C. No. Ext): <input type="text" value="231-238-9882"/> FAX (A/C. No): <input type="text" value="231-238-4321"/>
Indian River MI 49749		E-MAIL ADDRESS: <input type="text" value="Generalmail@northcountryins.com"/>
		INSURER(S) AFFORDING COVERAGE
		INSURER A: <input type="text" value="Auto Owners Insurance Company"/> NAIC # 01063100
INSURED		INSURER B:
Michael Mattson Julie Mattson DBA Mattson & Sons Well Drill 9558 S. Straits Hwy. Wolverine MI 49799-9761		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES		CERTIFICATE NUMBER: 20230210131720490		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
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			33162112	03/11/2022	03/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
A	DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A		33084078	03/11/2022	03/11/2023	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township 5454 S Straits Hwy Indian River, MI 49749		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 	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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 Holmes Murphy Associates/CSDZ, LLC 225 South Sixth Street STE 1900 Minneapolis MN 55402		CONTACT NAME: Allie Darling PHONE (A/C, No, Ext): 612-322-6041 E-MAIL ADDRESS: adarling@csdz.com	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : XL Specialty Insurance	37885
INSURED M&H Facility Operations, Inc. 2440 Deming Way Middleton, WI 53562		MEAHUNPC	INSURER B : Zurich American Insurance Company
			16535
			INSURER C : American Guarantee & Liability Ins. Co.
			26247
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 679062624

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	X	COMMERCIAL GENERAL LIABILITY			GLO138723300	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 2,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	X	Cont Liat Per						MED EXP (Any one person)	\$ 50,000	
	X	Policy Form/XCU						PERSONAL & ADV INJURY	\$ 2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000	
		POLICY	<input checked="" type="checkbox"/>	PRO- JECT	<input checked="" type="checkbox"/>	LOC		PRODUCTS - COMP/OP AGG	\$ 4,000,000	
		OTHER:							\$	
B	AUTOMOBILE LIABILITY				BAP138723100	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	X	ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		SCHEDULED AUTOS							\$	
		NON-OWNED AUTOS ONLY								
C	X	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	AUC095226000	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 10,000,000	
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 10,000,000	
	DED	X	RETENTION \$ 0						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A	WC138723300	7/1/2022	7/1/2023	X PER STATUTE	OTHE- R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
B	Property Professional Liability				CPP182316700 DPR9995754	7/1/2022 7/1/2022	7/1/2023 7/1/2023	Bldg/BPP: \$21,406,735 Per Claim: Per Aggregate:	Blg: \$15,000,000 \$10,000,000 \$10,000,000	

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

CERTIFICATE HOLDER

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Rose Waite	
BKC Insurance Services 220 Water Street		PHONE (A/C, No, Ext):	
Cheboygan MI 49721		FAX (A/C, No):	
		E-MAIL ADDRESS: rwaite@bkcininsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Benchmark Insurance Co	
INSURED		INSURER B:	
Merchant Excavating & Septic Inc. 485 VFW Rd.		INSURER C:	
Cheboygan MI 49721		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: CL2231604552		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	ADD'L SUB'R	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>			CP5000618	01/06/2022 01/06/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA5000276	01/06/2022 01/06/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					
A	DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A		WC5000824	01/06/2022 01/06/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Indian River MI 49749		AUTHORIZED REPRESENTATIVE <i>Rose M. Waite</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/13/2023

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		CONTACT NAME: Tammy Manders PHONE (A/C, No, Ext): 231-489-7037 E-MAIL ADDRESS: tmanders@team-pma.com		FAX (A/C, No): 231-922-7275
Peterson McGregor & Associates 1368 Business Park Dr Traverse City MI 49686		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Fremont Mutual Ins Co		13994
INSURED		INSURER B:		
Northern Power Sweeping Services, LLC DBA Otsego Excavating 7808 Wilkinson Rd. Gaylord MI 49735		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		
NORPO-3				

COVERAGES

CERTIFICATE NUMBER: 794100675

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		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				CPP0107175	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									
	OTHER:									
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				CAP0037952	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
								BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000				CUP0037253	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 1,000,000	
								AGGREGATE	\$ 1,000,000	
									\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		WCP0029516	4/1/2022	4/1/2023	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	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township	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	

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

NORTTAN-01

FDENI

DATE (MM/DD/YYYY)
3/14/2023

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	CONTACT NAME: Jennifer Robinson
	PHONE (A/C, No, Ext): (989) 817-4265 FAX (A/C, No): (989) 772-1855
	E-MAIL ADDRESS: jrobinson@gai-ins.com
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A: HDI Global Insurance Company 41343
	INSURER B: Accident Fund Ins Co of America 10166
	INSURER C: GuideOne National Insurance Company 14167
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES		CERTIFICATE NUMBER:		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						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GG09C00017803	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC												
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			GA09C00044001	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			GU09C00017803	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Pers/Adv Inj \$ 1,000,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A		WCV6179703	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
C	Excess Umbrella			56000290000	1/1/2022	1/1/2023	Occurrence/Aggregate \$ 3,000,000						

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 S Straits Highway PO Box 220 Indian River, MI 49749	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Sandra Canedo	
Loyalty Insurance Agency Inc. 41575 Joy Road Ste 100 Canton, MI 48187		PHONE (A/C. No. Ext): 734-454-5450	
		E-MAIL ADDRESS: sandra@loyaltyinsurance.com	
		FAX (A/C. No): 734-454-5457	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Secura Insurance Companies	22543
		INSURER B: Secura Insurance Company	22543
		INSURER C: Accident Fund Insurance Company of America	
		INSURER D: 	
		INSURER E: 	
		INSURER F: 	
INSURED		Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	

COVERAGES CERTIFICATE NUMBER: **00019035-619023** REVISION NUMBER: **15**

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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CP3265743	04/01/2022	04/01/2023	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:							\$ 	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			A3326601	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$ 	
							BODILY INJURY (Per accident)	\$ 	
							PROPERTY DAMAGE (Per accident)	\$ 	
								\$ 	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$ 	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE	\$ 	
								\$ 	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AF WCP 100039168	04/05/2022	04/05/2023	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	

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

Workers Comp: Marie Burflend

CERTIFICATE HOLDER

CANCELLATION

Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	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 <i>Sandra Canedo</i> (SCA)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2022

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		CONTACT NAME: Sandra Canedo	
Loyalty Insurance Agency Inc. 41575 Joy Road Ste 100 Canton, MI 48187		PHONE (A/C, No. Ext): 734-454-5450	FAX (A/C, No): 734-454-5457
		E-MAIL ADDRESS: sandra@loyaltyinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Secura Insurance Companies	22543
		INSURER B: Secura Insurance Company	22543
		INSURER C: Accident Fund Insurance Company of America	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 00019035-619023		REVISION NUMBER: 15					
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		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CP3265743	04/01/2022	04/01/2023	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A3326601	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input checked="" type="checkbox"/> Y/N OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		AF WCP 100039168	04/05/2022	04/05/2023	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	

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

Workers Comp: Marie Burfiend

CERTIFICATE HOLDER

CANCELLATION

Ostlund Pest Control North Inc PO Box 700 Indian River, MI 49749	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 <i>Sandra Canedo</i> (SCA)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/14/2023

PRODUCER DESIGNPRO INSURANCE GROUP P.O. BOX 511106 LIVONIA, MI 48151 E-MAIL: DESIGNPRO@AMERITECH.NET	PH: 734-425-9710	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
		INSURERS AFFORDING COVERAGE
		NAIC#
INSURED PERFORMANCE ENGINEERS, INC. 406 PETOSKEY AVENUE CHARLEVOIX, MI 49720	INSURER A: CNA INSURANCE COMPANY	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES Serial # 100901

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADNL NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
		GENERAL LIABILITY				EACH OCCURRENCE \$				
		COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
		CLAIMS MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
								GENERAL AGGREGATE \$		
								PRODUCTS - COMP/OP AGG \$		
							GEN'L AGGREGATE LIMIT APPLIES PER:			
							POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$				
		ANY AUTO						BODILY INJURY (Per person) \$		
		ALL OWNED AUTOS						BODILY INJURY (Per accident) \$		
		SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$		
		HIRE AUTOS								
		NON-OWNED AUTOS								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$				
		ANY AUTO						OTHER THAN EA ACC \$		
								AUTO ONLY: AGG \$		
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$				
		OCUR <input type="checkbox"/> CLAIMS MADE						AGGREGATE \$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
								\$		
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS				
		Y / N					OTHR			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT \$		
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$		
		If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - POLICY LIMIT \$		
A	OTHER ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY	#AEH-591899495	04-01-22	04-01-23	PER CLAIM LIMIT : \$1,000,000 AGGREGATE LIMIT : \$1,000,000					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS	
---	--

CERTIFICATE HOLDER	CANCELLATION
TUSCARORA TOWNSHIP 3546 S. STRAITS HIGHWAY INDIAN RIVER, MI 49749	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Peterson McGregor & Associates 1368 Business Park Dr Traverse City MI 49686	CONTACT NAME: Janet Douglas	
	PHONE (A/C, No. Ext): 231-944-7027	FAX (A/C, No): 231-922-7275
INSURED Ramsby Drilling, Inc. 1865 S Straits Hwy Indian River MI 49749	E-MAIL ADDRESS: jdouglas@team-pma.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hastings Mutual Insurance Co.	14176
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES		CERTIFICATE NUMBER: 1604392077		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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CPP9702127	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		ACV9700030	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		ULC9700032	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N N / A	0009700031	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER	CANCELLATION
Tuscarora Township PO Box 220 Indian River MI 49749	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2023

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		CONTACT NAME: Janet Douglas PHONE (A/C, No. Ext): 231-944-7027 E-MAIL: jdouglas@team-pma.com ADDRESS: jdouglas@team-pma.com	
Peterson McGregor & Associates 1368 Business Park Dr Traverse City MI 49686		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hastings Mutual Insurance Co	NAIC # 14176
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		RAMDR-1	
Ramsby Drilling, Inc. 1865 S Straits Hwy Indian River MI 49749			

COVERAGES		CERTIFICATE NUMBER: 659482824		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		ADD'L SUBR INSD / WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP9702127	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY <input checked="" 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			ACV9700030	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		ULC9700032	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / N	0009700031	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

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

CERTIFICATE HOLDER		CANCELLATION	
Tuscarora Township PO Box 220 Indian River MI 49749		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	
		 	

© 1988-2015 ACORD CORPORATION. All rights reserved.

NOTICE OF EXCLUSION

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909
(517) 284-8922

DEPARTMENT OF LICENSING and REGULATORY AFFAIRS WORKERS' COMPENSATION AGENCY NOTICE OF EXCLUSION (WC-337 ON FILE)

8-22-19 -mjh

Read instructions and general information sheet prior to completing

A. Company/Business Name(s) <i>Rhadigan & Sons Inc</i>	Telephone Number <i>517 242 7757</i>	D. Federal ID Number <i>38 280 2606</i>	
B. Principal Office Address (Street Number and Name) <i>3673 Greenman's Pt</i>	City <i>Cheboygan</i>	State <i>MI</i>	ZIP Code <i>47721</i>
C. Type of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
	<input checked="" type="checkbox"/> Corporation		

E. Name of sole proprietor, partners, officers of corporation, or members who are also managers of limited liability company.

Name <i>Denise H. Rhadigan</i>	Title <i>President</i>
Name <i>John V. Rhadigan</i>	Title <i>Secretary/Treasurer</i>
Name <i>Eric M. Rhadigan</i>	Title <i>Vice President</i>
Name	

F. PERSONS SIGNING BELOW CERTIFY THAT THEY ARE EMPLOYED BY EMPLOYER AND ARE ELIGIBLE TO BE EXCLUDED UNDER THE MICHIGAN WORKERS' DISABILITY COMPENSATION ACT (SEE INSTRUCTIONS AND GENERAL INFORMATION SHEET). EACH PERSON SIGNING THIS FORM VOLUNTARILY ELECTS TO BE EXCLUDED FROM BEING CONSIDERED AN EMPLOYEE UNDER THE ACT. THIS EXCLUSION REMAINS IN EFFECT NO MORE THAN 20 DAYS AFTER THE NOTICE OF TERMINATION OF EXCLUSION, FORM WC-338, IS RECEIVED BY OUR AGENCY. (SEE R408.41C)

Name of Employee (Type or Print) <i>Denise H. Rhadigan</i>	Signature of Employee <i>Denise H. Rhadigan</i>	Social Security Number <i>XXX-XX-7340</i>			
<input checked="" type="checkbox"/> Corporate Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Member and Manager	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
Name of Employee (Type or Print) <i>John V. Rhadigan</i>	Signature of Employee <i>John V. Rhadigan</i>	Social Security Number <i>XXX-XX-7343</i>			
<input checked="" type="checkbox"/> Corporate Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Member and Manager	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
Name of Employee (Type or Print) <i>Eric M. Rhadigan</i>	Signature of Employee <i>Eric M. Rhadigan</i>	Social Security Number <i>XXX-XX-8061</i>			
<input checked="" type="checkbox"/> Corporate Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Member and Manager	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
Name of Employee (Type or Print)	Signature of Employee	Social Security Number			
		<i>XXX-XX</i>			
<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> Partner	<input type="checkbox"/> Member and Manager	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent

G. As an authorized representative of the employer, I have read sections 418.161(2), 418.161(3), 418.161(4), and 418.161(5) of the Michigan Workers' Disability Compensation Act of 1969. I have also read rule 408.41b and rule 408.41c. I certify that the excluded employees comprise all of the employees of this employer and are eligible to be excluded. I understand this exclusion shall remain in effect no more than 20 days after the Notice of Termination of Exclusion, Form WC-338, is received by the agency. I further certify that all parties signing this exclusion have received a copy prior to filing.

<i>Denise H. Rhadigan</i>		Employer Authorized Signature	Subscribed and sworn to before me this <u>20th</u> day
			of <u>August</u> , 2019.
<i>Denise H. Rhadigan / Pres</i>		Employer Authorized Representative/Title (Please Print)	<i>Kate Porter</i> Notary Public
			County <u>Cheboygan</u> Commission Expires: <u>April 26, 2023</u>

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Authority: WORKERS' COMPENSATION ACT 418.161(5)
Corporation: MICHIGAN PLUMBING STATE OF MICHIGAN
Penalty: COUNTY OF CHEBOYGAN

My Commission Expires April 26, 2023
Acting in the County of Cheboygan



Scan Code
CERT

CERTIFICATE OF INSURANCE

FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN
 FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN
 Lansing, Michigan 48909

AMENDED

Name and Address of Certificate Holder:

TUSCARORA TWP

Named Insured and Address:

ROSE'S SEPTIC SERVICE LLC
 4296 LEVERING RD
 CHEBOYGAN MI 49721

Issue Date: 02/10/2023

This is to certify that the following policy(ies) of insurance has (have) been or will be issued by the Company to the Named Insured. This certificate is not a guarantee that the policy(ies) will remain in effect until its (their) stated expiration date. In the event of cancellation of any of the insurance policies before the expiration date, the Company will endeavor to mail notice of such cancellation to the Certificate Holder designated above at their last known address, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend, or alter the coverage afforded by the policy(ies) of insurance indicated below. The information conveyed in this Certificate of Insurance is only valid for the indicated policy periods. Certificates of Insurance for subsequent policy periods must be requested by the Certificate Holder.

Type of Insurance	Policy Number	Policy Period	Limits of Liability
Business Auto Liability * Specifically Described Autos (Symbol 7)	BAP-2758071	Eff. 03/05/2022 Exp. 03/05/2023	Combined Single Limit Each Accident \$ 300,000
<input type="checkbox"/> Hired Auto (Symbol 8) <input type="checkbox"/> Non-Owned Auto (Symbol 9)			
Worker's Disability Compensation		Eff. Exp.	Coverage A - Statutory Coverage B - Bodily Injury by Accident \$ Each Accident (Employer's Liab.) Bodily Injury by Disease \$ Each Employee Bodily Injury by Disease \$ Policy Limit
Comprehensive General Liability or Commercial Package <input checked="" type="checkbox"/> Including <input type="checkbox"/> Excluding Products-Completed Operations <input type="checkbox"/> Hired Auto <input type="checkbox"/> Non-Owned Auto <input type="checkbox"/> CERTIFICATE HOLDER is an Additional Insured on the Comprehensive General Liability Policy. <input type="checkbox"/> Excluding:	S2757256	Eff. 03/08/2022 Exp. 03/08/2023	Each Occurrence \$ 500,000 Products Aggregate \$ 1,000,000 General Aggregate \$ 1,000,000 Medical Payments Limit \$ 10,000
Owners' or Contractors' Protective Liability		Eff. Exp.	Each Occurrence \$ General Aggregate \$
Products - Completed Operations Liability		Eff. Exp.	Each Occurrence \$ Products Aggregate \$
Umbrella Liability		Eff. Exp.	Limit \$
Farmowners Liability Including Products		Eff. Exp.	Limit \$
Business Pursuits <input type="checkbox"/> Excluded <input type="checkbox"/> Included			Type: Describe:
Other		Eff. Exp.	

X

Authorized Signature

5173

Agent No.

(231) 627-9061

Agent Phone Number



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2023

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 Burns & Eustice Insurance 220 Water Street	CONTACT NAME: Jessica Duquette	
	PHONE (A/C, No. Ext): (231) 844-0701	FAX (A/C, No):
Cheboygan MI 49721	E-MAIL ADDRESS: jduquette@bkinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Pioneer State Mutual Ins. Co	NAIC # 18309
INSURED Steve's Lock & Safe LLC P O Box 52 Cheboygan MI 49721	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2241408152 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	PK00000493	03/15/2022	03/15/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (ea occurrence)				\$ 50,000	
	MED EXP (Any one person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 2,000,000	
	PRODUCTS - COMP/OP AGG				\$ 2,000,000	
	GLADV				\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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)	\$	
					\$	
				UMBRELLA LIAB <input type="checkbox"/> OCCUR		
				EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		
				DED <input type="checkbox"/> RETENTION \$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			PER STATUTE	OTH-ER	
				E.L. EACH ACCIDENT	\$	
				E.L. DISEASE - EA EMPLOYEE	\$	
				E.L. DISEASE - POLICY LIMIT	\$	

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

Certificate holder

CERTIFICATE HOLDER

Tuscarora Township
3546 S Straits Hwy
PO Box 220
Indian River

MI 49749

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

Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her workers compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. This form is only valid for the worker and policy period listed below. This determination is for the audit period in question and does not affect the payment of claims.

Completing the form: Answer all questions as completely as possible. **Attach additional sheets if you need more space.** Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker.

TUSCARORA TOWNSHIP

Accident Fund Policyholder

Policy Period

WCV 0215291 16 01

Policy Number

In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided on an annual basis.

Worker's Name Ellen August		Worker's DBA (applicable) Classic Cleaning	
Worker's Address (Include street address, city, state and Zip code.) 10701 Parke Rd., Alanson, MI 49706		Worker's Tax ID [REDACTED]	
Worker is a:	<input checked="" type="checkbox"/> Sole Proprietorship Did the sole proprietor use any employees, casual labor, or uninsured subcontractors to complete the work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
			<input type="checkbox"/> Limited Liability Company

A. How did the worker obtain the job? Application Bid Employment Agency Other (specify)
 Type of pay the worker receives: Salary Commission Hourly Wage Piece Work Lump sum Other (specify)

B. If the work is done under a written agreement between the policyholder and the worker, **attach a copy** (preferably signed by both parties). Describe the terms and conditions of the work arrangement.

C. What specific training or instruction is the worker given by the policyholder? **None**

D. How does the worker receive work assignments? And who determines how and when the assignments are performed? **Per attached copy**

E. Is the worker required to provide the services personally? **No**

F. If substitutes or helpers are needed, who hires them? **Self** Who pays them? **Classic Cleaning**

G. List the supplies, equipment, materials and property provided by each party:

The policyholder: **All**
 The worker: **None**
 Other party: **None**

H. What expenses are incurred by the worker in the performance of services for the policyholder? **None**

I. Does the worker carry insurance (e.g., workers compensation, general liability, etc.)? If "Yes", please attach copies. **Yes**

J. List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses). **None**

K. Can the relationship be terminated by either party without incurring liability or penalty? If "No," explain your answer. **Yes**

L. Does the worker perform similar services for others? If "Yes," is the worker required to get approval from the policyholder? **Yes/No**

M. What type of advertising, if any, does the worker do (e.g., business listing in a directory, business cards, etc.)? **Provide copies, if applicable.** **None**

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

 Signature Ellen August

 Title Owner

 Date 9/2/21



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her workers compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. This form is only valid for the worker and policy period listed below. This determination is for the audit period in question and does not affect the payment of claims.

Completing the form: Answer all questions as completely as possible. Attach additional sheets if you need more space. Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker.

TUSCARORA TOWNSHIP

Accident Fund Policyholder

Policy Period

WCV 0215291 16 01

Policy Number

In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided on an annual basis.

Worker's Name Ellen August		Worker's DBA (applicable) Classic Cleaning		
Worker's Address (Include street address, city, state and Zip code.) 10701 Parke Rd., Alanson, MI 49706		Worker's Tax ID [REDACTED]		
Worker is a:	<input checked="" type="checkbox"/> Sole Proprietorship Did the sole proprietor use any employees, casual labor, or uninsured subcontractors to complete the work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

A. How did the worker obtain the job? Application Bid Employment Agency Other (specify)
Type of pay the worker receives: Salary Commission Hourly Wage Piece Work Lump sum Other (specify)

B. If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement.

C. What specific training or instruction is the worker given by the policyholder? None

D. How does the worker receive work assignments? And who determines how and when the assignments are performed? Per attached copy

E. Is the worker required to provide the services personally? No

F. If substitutes or helpers are needed, who hires them? Self Who pays them? Classic Cleaning

G. List the supplies, equipment, materials and property provided by each party:

The policyholder: A11

The worker: None

Other party: None

H. What expenses are incurred by the worker in the performance of services for the policyholder? None

I. Does the worker carry insurance (e.g., workers compensation, general liability, etc.)? If "Yes", please attach copies. Yes

J. List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses). None

K. Can the relationship be terminated by either party without incurring liability or penalty? If "No," explain your answer. Yes

L. Does the worker perform similar services for others? If "Yes," is the worker required to get approval from the policyholder? Yes / No

M. What type of advertising, if any, does the worker do (e.g., business listing in a directory, business cards, etc.)? Provide copies, if applicable. None

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Ellen August

Title Owner

Date 9/4/20



Determination of Worker Status

Purpose: Policyholders submit this form to request the determination of the status of a worker for the purpose of completing his or her workers compensation audit. This form will only be used to determine whether or not remuneration paid to a worker will be included on the policyholder's audit. This form is only valid for the worker and policy period listed below. This determination is for the audit period in question and does not affect the payment of claims.

Completing the form: Answer all questions as completely as possible. **Attach additional sheets if you need more space.** Provide information for the worker and policy period stated below. Determinations are based on the entire relationship between the policyholder and worker.

Tuscarora Township

Accident Fund Policyholder

Policy Period

WCV 0215291 16 01

Policy Number

In order to make a determination as to whether an Employer/Employee status exists, please complete this analysis and provide as much of the following documentation as possible. This information must be provided on an annual basis.

Worker's Name Bruce Thompson		Worker's DBA (applicable)		
Worker's Address (Include street address, city, state and Zip code.) 2063 Miller Road, Alanson, MI 49706		Worker's Tax ID [REDACTED]		
Worker is a:	<input type="checkbox"/> Sole Proprietorship Did the sole proprietor use any employees, casual labor, or uninsured subcontractors to complete the work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

A. How did the worker obtain the job? Application Bid Employment Agency Other (specify)
Type of pay the worker receives: Salary Commission Hourly Wage Piece Work Lump sum Other (specify)

B. If the work is done under a written agreement between the policyholder and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement.

C. What specific training or instruction is the worker given by the policyholder? None

D. How does the worker receive work assignments? And who determines how and when the assignments are performed?
By phone call when a burial is scheduled

E. Is the worker required to provide the services personally? No

F. If substitutes or helpers are needed, who hires them? Self Who pays them? Thompson

G. List the supplies, equipment, materials and property provided by each party:
The policyholder: None
The worker: Shovels and loader
Other party: None

H. What expenses are incurred by the worker in the performance of services for the policyholder? None

I. Does the worker carry insurance (e.g., workers compensation, general liability, etc.)? If "Yes", please attach copies. Yes

J. List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses). None

K. Can the relationship be terminated by either party without incurring liability or penalty? If "No," explain your answer. Yes

L. Does the worker perform similar services for others? If "Yes," is the worker required to get approval from the policyholder? Yes

M. What type of advertising, if any, does the worker do (e.g., business listing in a directory, business cards, etc.)? Provide copies, if applicable. Yes

Signature

I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete. This form must be signed by the policyholder (i.e., Owner, Partner, Corporate Officer, Member/Manager) who has personal knowledge of the facts.

Signature Bruce Thompson

Title Owner

Date 8-30-2021



CERTIFICATE OF LIABILITY INSURANCE

1/1/2022

DATE (MM/DD/YYYY)
12/14/2020

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.

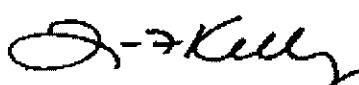
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
INSURED 1300299	WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF NORTHERN MICHIGAN 2294 CASS ROAD TRVERSE CITY MI 49685	INSURER A : ACE American Insurance Company	NAIC # 22667
		INSURER B : Indemnity Insurance Co of North America	43575
		INSURER C : ACE Fire Underwriters Insurance Company	20702
		INSURER D : ACE Property & Casualty Insurance Co	20699
		INSURER E :	
		INSURER F :	

COVERS **CERTIFICATE NUMBER:** 3491037 **REVISION NUMBER:** XXXXXXXX

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	ADD'L SUBR INSD	ISUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	Y	Y	HDO G71572985	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 5,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 5,000,000
	XCU INCLUDED						MED EXP (Any one person) \$ XXXXXXXX
	ISO FORM CG00010413						PERSONAL & ADV INJURY \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 6,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 6,000,000
OTHER:							
A	AUTOMOBILE LIABILITY	Y	Y	MMT H25308645	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXXX
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ XXXXXXXX
	Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	MCS-90						\$ XXXXXXXX
D	UMBRELLA LIAB	Y	Y	XOOG27929242 006	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 15,000,000
	EXCESS LIAB						AGGREGATE \$ 15,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
B A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N	N/A	WLR C6781180A (AOS) WLR C67811768 (AZ,CA & MA) SCF C67811847 (WI)	01/01/2021 01/01/2021 01/01/2021	01/01/2022 01/01/2022 01/01/2022	X PER STATUTE E.L. EACH ACCIDENT \$ 3,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						F.L. DISEASE - EA EMPLOYEE \$ 3,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 3,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.							

CERTIFICATE HOLDER	CANCELLATION
3491037 TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER MI 49749	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 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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(jes) 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 Insurance By Burley Alanson Office 6244 River Street; PO Box 800 Alanson, MI 49706 Brenda Keith	231-548-2211	CONTACT NAME Brenda Keith PHONE (A/C, No, Ext): 231-548-2211 FAX (A/C, No): 231-548-5508 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
INSURER A: Auto-Owners Insurance Company		NAIC # 18988
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		
INSURED Bruce Thompson 2063 Miller Rd Alanson, MI 49706		

COVERAGES

CERTIFICATE NUMBER:

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	ADD'L INS'D	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			33076899	10/21/2020	10/21/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 50,000	
							MDG EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:									
POLICY <input type="checkbox"/> PROJCT <input type="checkbox"/> LOC									
OTHER:									
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$	
								\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				COMBINED SINGLE LIMIT (EA accident)	\$		
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person)	\$		
	DED	RETENTION \$				BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A			EACH OCCURRENCE	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH)					AGGREGATE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$		
							\$		
						PER STATUTE	OTH-FR		
						E.I. EACH ACCIDENT	\$		
						E.I. DISEASE - EA EMPLOYEE	\$		
						E.I. DISEASE - POLICY LIMIT	\$		

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

CERTIFICATE HOLDER

CANCELLATION

TUSCARO

**Tuscarora Township
3546 S Straits Highway
Indian River, MI 49749**

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
Brenda Keith



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2021

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		CONTACT NAME: PHONE (A/C, No. Ext): 231-238-9882 E-MAIL ADDRESS: Generalmail@northcountryins.com	FAX (A/C, No): 231-238-4321
North Country Insurance Agency, Inc PO Box 518 Indian River MI 49749		INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company	NAIC # 01063100
INSURED Ellen August DBA Classic Cleaning 10701 Parke Rd. Alanson MI 49706		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20210830133431882 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		33672647	06/20/2021	06/20/2022	EACH OCCURRENCE	\$ 100,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 1,000,000	
						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$	
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$	
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				BODILY INJURY (Per accident)	\$	
	DED	RETENTIONS				PROPERTY DAMAGE (Per accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE	OTH-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township PO BOX 220 Indian River MI 49749	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 Holmes Murphy Associates/CSDZ,LLC 225 South Sixth Street STE 1900 Minneapolis MN 55402	CONTACT NAME: Allie Darling	
	PHONE (A/C, No. Ext): 612-322-6041	FAX (A/C, No):
INSURED M&H Facility Operations, Inc. 2440 Deming Way Middleton, WI 53562	E-MAIL ADDRESS: adarling@csdz.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Company	25658
	INSURER B: Charter Oak Fire Insurance Company	25615
	INSURER C: Travelers Property Casualty Co. America	25674
	INSURER D: XL Specialty Insurance	37885
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 511274809

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		P6305C656013TIA20	12/1/2020	12/1/2021	EACH OCCURRENCE	\$ 1,000,000	
	Cont Liab Per					DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 300,000	
	Policy Form/XCU					MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:					GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		8101L2755752043G	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE		CUP0K3011012043	12/1/2020	12/1/2021	EACH OCCURRENCE	\$ 9,000,000	
						AGGREGATE	\$ 9,000,000	
							\$	
C A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	B8J3002332043G UB8J2154322043E UB8J3173932043V	12/1/2020 12/1/2020 12/1/2020	12/1/2021 12/1/2021 12/1/2021	X PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	OTHE- R \$ 1,000,000 \$ 1,000,000 \$ 1,000,000	
D	Property Professional/Pollution Liability		P6305C656013TIA20 DPR9967599	12/1/2020 10/25/2020	12/1/2021 10/25/2021	BLDG/BPP: \$12,825,012 Per Claim: \$5,000,000 Per Aggregate: \$10,000,000	BL: \$10,000,000 \$5,000,000 \$10,000,000	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Highway Indian River MI 49749	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 <i>Paula A. Dixie</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



BRUCE-3

OP ID: KV

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 09/16/2019

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 BKC Insurance Services PO Box 326 220 Water Street Cheboygan, MI 49721 Kimberly Valot	231-627-4381	CONTACT NAME: Kim Valot PHONE (A/C, No, Ext): 231-627-4381 EMAIL ADDRESS: kvalot@bkcininsurance.com	FAX (A/C, No): 231-627-5171
INSURED Bruce Thompson 2063 Miller Rd Alanson, MI 49706		INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Co	NAIC # 41394
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADOL INSD WVD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		REVISION NUMBER:
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CP5000572	12/05/2018	12/05/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Each occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA5000249	12/05/2018	12/05/2019	COMBINED SINGLE LIMIT (Each accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$	
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE AGGREGATE	\$ \$	
	DED <input type="checkbox"/> RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT <input type="checkbox"/>	\$ \$ \$	

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

CERTIFICATE HOLDER Tuscarora Township PO Box 220 Indian River, MI 49749	CANCELLATION TUSCA-1
	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 Kimberly Valot	



BRUCE-3

OP ID: KV

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 09/02/2020

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 BKC Insurance Services PO Box 326 220 Water Street Cheboygan, MI 49721 Kimberly Valot	231-627-4381	CONTACT NAME Kim Valot
		PHONE (A/C, No, Ext): 231-627-4381
		FAX (A/C, No): 231-627-5171
		E-MAIL ADDRESS: kvalot@bkcininsurance.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Benchmark Insurance Co
		NAIC # 41394
INSURED Bruce Thompson 2063 Miller Rd Alanson, MI 49706		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						LIMITS	
A	COMMERCIAL GENERAL LIABILITY		CP5000572	12/05/2018	12/05/2019	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE	X OCCUR				DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY		CA5000249	12/05/2018	12/05/2019	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY	X SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					PER STATUTE	OTHE
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$
		E.L. DISEASE - EA EMPLOYEE	\$				
		E.L. DISEASE - POLICY LIMIT	\$				

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

CERTIFICATE HOLDER	CANCELLATION	
	TUSCA-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Tuscarora Township PO Box 220 Indian River, MI 49749	AUTHORIZED REPRESENTATIVE Kimberly Valot	



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 9/16/2019

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
 North Country Insurance Agency, Inc.
 PO Box 518
 Indian River MI 49749

CONTACT NAME: PHONE: 231-238-9882 (A/C. No. EMU)		FAX (A/C. No.): 231-238-4321
E-MAIL: Generalmail@northcountryins.com		ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A: Auto-Owners Insurance Agency Inc.		01063100
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Ellen August
 DBA Classic Cleaning
 10701 Parke Rd.
 Alanson MI 49706

COVERAGEs
CERTIFICATE NUMBER:
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	ADD'L SUBR INS'D IND'D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (60 occurrences) \$ 50,000
A			33672647	06/20/2018	06/20/2019	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 100,000 PRODUCTS - COMP/OP AGG \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY				COMBINED SINGLE LIMIT (Ex. Accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N N/A				PER STATUTE E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					

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

CERTIFICATE HOLDER
CANCELLATION

Tuscarora Township
 3546 S Straits Hwy
 Indian River MI 49749

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:

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Holmes Murphy & Assoc - WI 10 E. Doty Street, Suite 800 Madison, WI 53703	1-800-527-9049	CONTACT NAME: Linda Bomarito PHONE (A/C, No, Ext): 309-282-3903 FAX (A/C, No): 866-501-3945 E-MAIL ADDRESS: lbomarito@holmesmurphy.com
INSURED Mead & Hunt, Inc. M & H Architecture, Inc. 2440 Deming Way Middleton, WI 53562	INSURER(S) AFFORDING COVERAGE	
	INSURER A: XL SPECIALTY INS CO	NAIC # 37885
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 54077411

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	ADD'L INS'D	SUB'R WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> <div style="flex: 1; margin-right: 10px;"> <input type="checkbox"/> </div> <div style="flex: 1;"> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> </div> </div>							EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
							 	\$
							 	\$
							COMBINED SINGLE LIMIT (EA accident)	\$
							BODILY INJURY (Per person)	\$
<div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> AUTOMOBILE LIABILITY <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 </div> <div style="flex: 1; margin-right: 10px;"> <input type="checkbox"/> </div> <div style="flex: 1;"> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ </div> </div>							 	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							 	\$
							 	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							 	\$
							 	\$
							 	\$
<div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </div> <div style="flex: 1; margin-right: 10px;"> <input type="checkbox"/> </div> <div style="flex: 1;"> Y / N N / A </div> </div>							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A Professional Liability (Claims Made)				DPR9931217	10/25/18	10/25/19	Each Claim	5,000,000
							Aggregate	10,000,000

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

Pollution Liability Included

CERTIFICATE HOLDER

CANCELLATION

FOR PROPOSAL PURPOSES 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

Paula M. Koff



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2019

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	1-800-527-9049	CONTACT NAME: Linda Bomarito
Holmes Murphy & Assoc - WI	PHONE (A/C, No. Ext): 309-282-3903	FAX (A/C, No): 866-501-3945
10 E. Doty Street, Suite 800	E-MAIL: lbomarito@holmesmurphy.com	ADDRESS:
Madison, WI 53703	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: XL SPECIALTY INS CO	37885
Mead & Hunt, Inc.	INSURER B:	
M & H Architecture, Inc.	INSURER C:	
2440 Deming Way	INSURER D:	
Middleton, WI 53562	INSURER E:	
	INSURER F:	

COVERAGEs

CERTIFICATE NUMBER: 57283128

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	<input type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC		PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR					\$	
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				EACH OCCURRENCE	\$	
	DED	<input type="checkbox"/>	RETENTIONs				AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y/N	N/A			PER STATUTE	OTHE- R	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$	
A Professional Liability (Claims Made)				DPR9931217	10/25/18	10/25/19	Each Claim	5,000,000	
							Aggregate	10,000,000	

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

Pollution Liability Included

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Hwy Indian River, MI 49749 USA	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 <i>Mark Kulauf</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



BRUCE-3

OP ID: KV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2017

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 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 Barnich Kavanaugh & Cooper Inc P.O. Box 326, 220 Water Street Cheboygan, MI 49721-0326 Kimberly Valot	231-627-4381	CONTACT Kim Valot NAME: PHONE (AIC, No, Ext): 231-627-4381 FAX (AIC, No): E-MAIL ADDRESS: kvalot@bkcininsurance.com
		INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Co
		NAIC # 41394
INSURED Bruce Thompson 2063 Miller Rd Alanson, MI 49706	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CP5000572	12/05/2017	12/05/2018	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP/AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER.						\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA5000249	12/05/2017	12/05/2018	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$					AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A				PER STATUTE	OTH- ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

TUSCA-1

Tuscarora Township
PO Box 220
Indian River, MI 49749

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
Kimberly Valot



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2019

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 NAME: Michele Barnard-Ladd	
McDonnell Agency, Inc.		PHONE (A/C, No/Ext): (313) 561-4360	FAX (A/C, No): (313) 277-3669
20031 Carlyle Suite 1 Dearborn MI 48124		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Westfield Insurance Company	24112
INSURED		INSURER B:	
James Hill 304 W. Indian Woods Trails Indian River MI 49749		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2020-Indian River			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 SUBR INSD	WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			CWP014378K	1/18/2019	1/18/2020	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (EA accident) \$
	BODILY INJURY (Per person) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident) \$						
	DED <input type="checkbox"/> RETENTION \$						
	EACH OCCURRENCE \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE \$
	OTHER \$						
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

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

CERTIFICATE HOLDER		CANCELLATION	
director@indianriverlibrary.c		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	
		Thomas J. McDonnell	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2019

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(es) 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		CONTACT NAME: PHONE: 231-238-9882 FAX (A/C No): 231-238-4321 (A/C No. Ex): E-MAIL: Generalmail@northcountryins.com INSURER(S) AFFORING COVERAGE INSURER A: Auto-Owners Insurance Agency Inc. NAIC # 01063100	
INSURED		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
COVERS		CERTIFICATE NUMBER:	
		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/SUBR (INSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		33672647	06/20/2019	06/20/2020	EACH OCCURRENCE	\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 50,000
	OTHER:					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				PERSONAL & ADV INJURY	\$ 100,000	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR			GENERAL AGGREGATE	\$ 100,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE			PRODUCTS - COMP/OP AGG	\$ 100,000	
	DED <input type="checkbox"/> RETENTION\$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N N/A				COMBINED SINGLE LIMIT (Ex accident)	\$
E.L. EACH ACCIDENT					BODILY INJURY (Per person)	\$	
E.L. DISEASE - EA EMPLOYEE					BODILY INJURY (Per accident)	\$	
E.L. DISEASE - POLICY LIMIT					PROPERTY DAMAGE (Per accident)	\$	
						\$	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
3546 S Straits Hwy
Indain River MI 49749

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



BRUCE-3

OP ID: KV

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 09/02/2020

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 BKC Insurance Services PO Box 326 220 Water Street Cheboygan, MI 49721 Kimberly Valot	231-627-4381	CONTACT NAME: PHONE (A/C, No, Ext): 231-627-4381 FAX (A/C, No): 231-627-5171 E-MAIL ADDRESS: kvalot@bkcininsurance.com
INSURED Bruce Thompson 2063 Miller Rd Alanson, MI 49706		INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Co NAIC # 41394
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		REVISION NUMBER:
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CP5000572	12/05/2019	12/05/2020	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA5000249	12/05/2019	12/05/2020	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> Y/N					PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER

TUSCA-1

Tuscarora Township
PO Box 220
Indian River, MI 49749

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
Kimberly Valot



Federated Mutual Insurance Company
121 East Park Square, Owatonna, MN 55060
(507) 455-5200

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY INFORMATION PAGE

Mutual Company Participating Nonassessable Policy

Phone: 800-533-0472 NCCI Carrier Code: 16446

Producer / Agent: Alex Ososki

Policy No. 1809769
Prior Policy No.
Account No. 197-663-8

ITEM 1. NAMED INSURED AND ADDRESS:

Tanner Electric Inc.
1339 S Straits Hwy
Indian River, MI 49749-9701

Entity Type S Corporation
FEIN 46-1770453

See Extension of Information Page "Named Insured"

Other workplaces not shown above: See Extension of Information Page "Other Workplaces of the Insured"

ITEM 2. POLICY PERIOD: The policy period is from 01/01/2021 to 01/01/2022 12:01 A.M. Standard time, at the insured's mailing address.

ITEM 3. COVERAGE:

A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation law of the states listed here: MI

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$500,000	each employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to states, if any, listed here: All states except states designated in Item 3.A. and ND OH WA WY

D. ENDORSEMENTS: This policy includes these endorsements and schedules: See Extension of Information Page "List of Endorsements"

ITEM 4. PREMIUM: The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit to be made ANNUALLY.

Loc. No.	Name No.	Code No.	Classification of Operations	Prem. Basis Est. Total Ann. Remun.	Rate Per \$100 Remun.	Estimated Annual Premium
See Extension of Information Page "Schedule of Operations"						

Minimum Premium
\$461

Total Estimated Annual Premium
Total State Surcharges
Total Estimated Cost
Deposit Amount

This policy consists of: (1) this Information Page; and (2) the Workers Compensation and Employers Liability Insurance Policy (the WC-F-5).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/31/2020

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(es) 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		CONTACT NAME: Ginger Paulsen	
UNITEL 1128 Lincoln Mall Suite 200 Lincoln		PHONE (A/C, No, Ext): (402) 434-7200	FAX (A/C, No): (402) 434-7272
		E-MAIL ADDRESS: gpaulsen@unitelinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Property Casualty of America	NAIC # 25674
		INSURER B: Phoenix Insurance Co	25623
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED	Merit Network, Inc. 880 Technology Drive, Suite B Ann Arbor	NE 68508 MI 48108	

COVERAGES CERTIFICATE NUMBER: 20/21-ALL LINES 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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	ZLP 31M95173	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA-9M472849	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE					
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP-9M475053	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below					
		Y / N	N / A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is additional insured under the General Liability per contract regarding The Reach Michigan Mile Collaborative (REACH-3MC Round II)

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township PO Box 220 Indian River	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2020

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 Holmes Murphy & Assoc - WI 1600 Aspen Commons Suite 990 Middleton, WI 53562	1-800-527-9049	CONTACT NAME: Linda Bomarito PHONE (A/C, No, Ext): 309-282-3903 E-MAIL ADDRESS: lbomarito@holmesmurphy.com	FAX (A/C, No): 866-501-3945
		INSURER(S) AFFORDING COVERAGE INSURER A: XL SPECIALTY INS CO	NAIC # 37885
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGEs

CERTIFICATE NUMBER: 60531621

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPR (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED <input type="checkbox"/> RETENTION \$					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	DPR9967599	10/25/20	10/25/21	Each Claim \$5,000,000 Aggregate \$10,000,000

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

Pollution Liability Included

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Hwy Indian River, MI 49749	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
USA	AUTHORIZED REPRESENTATIVE <i>Patricia A. K. Schloss</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2020

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

Specialty Insurance, LTD.
P.O. Box 16901
West Haven, CT 06516
<http://specialtyinsuranceltd.com>

CONTACT NAME:	Thomas Plouffe / Michael Plouffe	
PHONE (A/C, No. Ext):	203-931-7095	FAX (A/C, No): 203-931-0682
E-MAIL ADDRESS:	certificates@specialtyinsuranceltd.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Certain Underwriters @Lloyds of London	15792
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CC/19-0101	07/01/20	07/01/21	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPIOP AGG	\$ 2,000,000
								\$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident)	\$
	OTHER:						BODILY INJURY (Per person)	\$
	AUTOMOBILE LIABILITY						BODILY INJURY (Per accident)	\$
	ANY AUTO						PROPERTY DAMAGE (Per accident)	\$
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					\$
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N	N / A				PER STATUTE	OTHE-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

The Certificate Holder is added as an additional insured as respects Fall Fest Indian River, located at Marina Park, 3471 Club Dr., Indian River, MI 49749 from Sept 8-14, 2020.

CERTIFICATE HOLDER

Tuscarora Township
3546 S Straits Highway
Indian River, MI 49749
Phone # (231) 238-0970

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2020

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 Insurance By Burley Alanson Office 6244 River Street; PO Box 800 Alanson, MI 49706 Brenda Keith	231-548-2211	CONTACT NAME: Brenda Keith PHONE (A/C, No, Ext): 231-548-2211 FAX (A/C, No): 231-548-5508 E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Auto-Owners Insurance Company 18988
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF IMM/DD/YYYY	POLICY EXP IMM/DD/YYYY	LIMIT\$	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>		33076899	10/21/2020	10/21/2021	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 50,000
	OTHER:					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					GENERAL AGGREGATE	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$ 1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If Yes, describe under DESCRIPTION OF OPERATIONS below	VIN N/A				PER STATUTE	OTHR	
					E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 S Straits Highway Indian River, MI 49749	TUSCARO	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 Brenda Keith



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/30/2021

HIS 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 Insurance By Burley Alanson Office 6244 River Street; PO Box 800 Alanson, MI 49706 Brenda Keith	231-548-2211	CONTACT NAME: Brenda Keith PHONE (A/C, No, Ext): 231-548-2211 FAX (A/C, No): 231-548-5508 E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company
		NAIC # 18988
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 LNR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		33076899	10/21/2020	10/21/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 OTHFR: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHFR:					
	AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
						EACH OCCURRENCE \$ AGGREGATE \$ \$
						PER STATUTE \$ F.I. EACH ACCIDENT \$ F.I. DISEASE - EA EMPLOYEE \$ F.I. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

TUSCARO

Tuscarora Township
3546 S Straits Highway
Indian River, MI 49749

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
Brenda Keith



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2021

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	Holmes Murphy Associates/CSDZ,LLC 225 South Sixth Street STE 1900 Minneapolis MN 55402	CONTACT NAME:	Allie Darling	
		PHONE (A/C, No, Ext):	612-322-6041	
E-MAIL ADDRESS:			FAX (A/C, No):	
adarlinc@csdz.com				
INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURER A: Travelers Indemnity Company			25658	
INSURER B: Charter Oak Fire Insurance Company			25615	
INSURER C: Travelers Property Casualty Co. America			25674	
INSURER D: XL Specialty Insurance			37885	
INSURER E:				
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 1726422505

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 SUBR INSD WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Cont Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:		6308S701301	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		8108S688704	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		CUP8S887858	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N N/A	UB8696243 UB8S698039 UB8S699509	12/1/2021 12/1/2021 12/1/2021	12/1/2022 12/1/2022 12/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 D	Property Professional Liability		6308S701301 DPR9984620	12/1/2021 10/25/2021	12/1/2022 10/25/2022	Bldg/BPP: \$12,825,012 Per Claim: \$5,000,000 Per Aggregate: \$10,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township 3546 South Straits Highway Indian River MI 49749	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 <i>Paula A. Baker</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2021

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		CONTACT NAME: PHONE (A/C. No. Ext): 231-238-9882 (A/C. No.): 231-238-4321 E-MAIL ADDRESS: Generalmail@northcountryins.com
North Country Insurance Agency, Inc PO Box 518 Indian River MI 49749		INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company NAIC # 01063100
INSURED Ellen August DBA Classic Cleaning 10701 Parke Rd. Alanson MI 49706		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 20210830133431882 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
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			33672647	06/20/2021	06/20/2022	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/POP AGG \$ 1,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY ANY AUTO						
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
DED <input type="checkbox"/> RETENTION \$	EACH OCCURRENCE \$ AGGREGATE \$ \$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE \$ E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$	

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

CERTIFICATE HOLDER

CANCELLATION

Tuscarora Township
PO BOX 220
Indian River MI 49749

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



New Business

Standard Workers' Compensation and
Employer's Liability Policy

Page 1 of 4

CARRIER NUMBER 17388	NAMED INSURED Tanner Electric Inc	POLICY 6722457	POLICY TERM 01/01/2023 to 01/01/2024	AGENT 0210852
-------------------------	--------------------------------------	-------------------	---	------------------

AGENT BKC Insurance 220 Water St. Cheboygan, MI 49721	New Declaration Information Page	ACCOUNT 700001156507	
		POLICY 6722457	ISSUE DATE 12/29/2022 at 02:41 PM
			POLICY TERM 01/01/2023 to 01/01/2024 12:01 AM

Phone: (231) 627-4381 Agent: 0210852/0210852_52843

Insurer: Frankenmuth Insurance Company
Affinity Group: Chamber of Commerce - MI
Carrier Number: 17388

Billing Information	PAYMENT PLAN 12-Pay	BILLING METHOD Direct Bill - An Account Invoice or Payment Schedule will be mailed to you.
------------------------	------------------------	---

Payments and credits may be applied to all policies on the same billing account and may be applied from one policy term to another. Payment received for less than the billed amount may be pro-rated to each policy and may result in cancellation of all policies for nonpayment of premium.

ITEM 1. Named Insured

Tanner Electric Inc
1351 S Straits Hwy
Indian River, MI 49749-9701

LEGAL ENTITY
Corporation
FEIN
-0453
AUDIT FREQUENCY
Annual
STATE ID
5929288A-MI

ITEM 2. Policy Period

01/01/2023 to 01/01/2024 12:01 a.m. Standard Time at the address of the insured as stated herein.

ITEM 3A. Workers' Compensation Insurance

Part One of the policy applies to the Workers' Compensation Law of the states listed here:
Michigan

ITEM 3B. Employer's Liability Insurance

Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	each employee
Bodily Injury by Disease	\$500,000	policy limit

ITEM 3C. Other States Insurance

Part Three of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming, and states designated in item 3A of the Declarations.

ITEM 3D. Endorsements and Schedules

See attached schedule for a list of endorsements and schedules forming part of this policy.

ITEM 4. Classifications of Operations*

See Attached for Classification of Operations by State

The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income

\$ 4815.52

OMB No. 1545-0115

2020

Form 1099-MISC

Miscellaneous Income

Copy A
For
Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **2020 General Instructions for Certain Information Returns.**

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name
BRUCE THOMPSON

Street address (including apt. no.)
2063 MILLER ROAD

City or town, state or province, country, and ZIP or foreign postal code
ALANSON MI 49706

7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

9 Crop insurance proceeds

\$

10 Gross proceeds paid to an attorney

\$

11

12 Section 409A deferrals

\$

Account number (see instructions) FATCA filing requirement 2nd TIN not.

13 Excess golden parachute payments

\$

14 Nonqualified deferred compensation

\$

15 State tax withheld

\$

16 State/Payer's state no.

\$

\$

17 State income

\$

Form 1099-MISC

41-0852411

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income

\$ 4989.17

OMB No. 1545-0115

2020

Form 1099-MISC

Miscellaneous Income

Copy A
For
Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **2020 General Instructions for Certain Information Returns.**

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name
CLASSIC CLEANING

Street address (including apt. no.)
10701 PARKE RD.

7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

9 Crop insurance proceeds

\$

10 Gross proceeds paid to an attorney

\$

City or town, state or province, country, and ZIP or foreign postal code
ALANSON, MI 49706

11

12 Section 409A deferrals

\$

Account number (see instructions) FATCA filing requirement 2nd TIN not.

13 Excess golden parachute payments

\$

14 Nonqualified deferred compensation

\$

15 State tax withheld

\$

16 State/Payer's state no.

\$

\$

17 State income

\$

\$

DETACH BEFORE MAILING
G
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
 PO BOX 220
 INDIAN RIVER, MI 49749
 (231) 238-0970

1 Rents
 \$
 2 Royalties
 \$
 3 Other income
 \$

OMB No. 1545-0115
2020
 Form 1099-MISC

Miscellaneous Income

PAYER'S TIN

RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

Copy A

For

Internal Revenue Service Center

File with Form 1096.

RECIPIENT'S name

MCGRAW MORRIS P.C.

7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

8 Substitute payments in lieu of dividends or interest

\$

Street address (including apt. no.)

2075 WEST BIG BEAVER, STE. 750

9 Crop insurance proceeds

\$

10 Gross proceeds paid to an attorney

\$

City or town, state or province, country, and ZIP or foreign postal code

TROY MI 48084

11

\$

12 Section 409A deferrals

\$

Account number (see instructions)

FATCA filing requirement
2nd TIN not.

13 Excess golden parachute payments

\$

14 Nonqualified deferred compensation

\$ 2162.50

Form 1099-MISC

41-0852411

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

DETACH BEFORE MAILING
 MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
 PO BOX 220
 INDIAN RIVER, MI 49749
 (231) 238-0970

1 Rents
 \$
 2 Royalties
 \$
 3 Other income
 \$

OMB No. 1545-0115
2020
 Form 1099-MISC

Miscellaneous Income

PAYER'S TIN

RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

Copy A

For

Internal Revenue Service Center

File with Form 1096.

RECIPIENT'S name

MILLER, CANFIELD, PADDOCK,

7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

8 Substitute payments in lieu of dividends or interest

\$

Street address (including apt. no.)

AND STONE
PO BOX 640348

9 Crop insurance proceeds

\$

10 Gross proceeds paid to an attorney

\$

City or town, state or province, country, and ZIP or foreign postal code

DETROIT MI 48264-0348

11

\$

12 Section 409A deferrals

\$

Account number (see instructions)

FATCA filing requirement
2nd TIN not.

13 Excess golden parachute payments

\$

14 Nonqualified deferred compensation

\$ 29000.00

Form 1099-MISC

LMA

41-0852411

5110

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income
\$ 3840.00

\$

4 Federal income tax withheld
\$

PAYER'S TIN

RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments
\$

RECIPIENT'S name

K & J SEPTIC SERVICE

7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale

\$

8 Substitute payments in lieu of
dividends or interest
\$Street address (including apt. no.)
2560 RIVER ROAD9 Crop insurance proceeds
\$

\$

City or town, state or province, country, and ZIP or foreign postal code
PETOSKEY MI 4977010 Gross proceeds paid to an
attorney
\$

\$

Account number (see instructions)

FATCA filing
requirement

2nd TIN not

11 Excess golden parachute
payments
\$

\$

12 Section 409A deferrals
\$

\$

13 Nonqualified deferred
compensation
\$

\$

14 Nonqualified deferred
compensation
\$

\$

15 State tax withheld
\$

\$

16 State/Payer's state no.
17 State income
\$

\$

17 State income
\$

\$

Form 1099-MISC

41-0852411

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKSMiscellaneous
IncomeCopy A
For
Internal Revenue
Service CenterFile with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2020 General
Instructions for
Certain
Information
Returns.

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income
\$

\$

4 Federal income tax withheld
\$

PAYER'S TIN

RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments
\$RECIPIENT'S name
KIRK & HUTH, P.C.7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale

\$

8 Substitute payments in lieu of
dividends or interest
\$Street address (including apt. no.)
ATTORNEYS AT LAW
19500 HALL RD., SUITE 100

9 Crop insurance proceeds

\$

10 Gross proceeds paid to an
attorney
\$City or town, state or province, country, and ZIP or foreign postal code
CLINTON TWP. MI 48038

11

\$

12 Section 409A deferrals
\$

\$

Account number (see instructions)

FATCA filing
requirement

2nd TIN not

13 Excess golden parachute
payments
\$

\$

14 Nonqualified deferred
compensation
\$ 2031.25

Form 1099-MISC

LMA

41-0852411

5110

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous
IncomeCopy A
For
Internal Revenue
Service CenterFile with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2020 General
Instructions for
Certain
Information
Returns.

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income
\$ 10000.00

OMB No. 1545-0115

2020

Form 1099-MISC

**Miscellaneous
Income**

Copy A
For
Internal Revenue
Service Center

File with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**2020 General
Instructions for
Certain
Information
Returns.**

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name
GREAT LAKES FIREWORKS

7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale 8 Substitute payments in lieu of
dividends or interest

\$

Street address (including apt. no.)

24805 MARINE

9 Crop insurance proceeds

10 Gross proceeds paid to an
attorney

\$

City or town, state or province, country, and ZIP or foreign postal code
EASTPOINTE MI 48021

11

12 Section 409A deferrals

\$

Account number (see instructions)

FATCA filing
requirement 2nd TIN not. 13 Excess golden parachute
payments14 Nonqualified deferred
compensation

\$

Form 1099-MISC

41-0852411

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

1 Rents

\$

2 Royalties

\$

3 Other income
\$ 5000.00

OMB No. 1545-0115

2020

Form 1099-MISC

**Miscellaneous
Income**

Copy A
For
Internal Revenue
Service Center

File with Form 1096.
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**2020 General
Instructions for
Certain
Information
Returns.**

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds

6 Medical and health care payments

\$

RECIPIENT'S name
HILL MOUNTAIN SIGNWORKS

7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale 8 Substitute payments in lieu of
dividends or interest

\$

Street address (including apt. no.)
6455 PICKEREL LAKE ROAD

9 Crop insurance proceeds

10 Gross proceeds paid to an
attorney

\$

City or town, state or province, country, and ZIP or foreign postal code
PETOSKEY MI 49770

11

12 Section 409A deferrals

\$

Account number (see instructions)

FATCA filing
requirement 2nd TIN not. 13 Excess golden parachute
payments14 Nonqualified deferred
compensation

\$

Form 1099-MISC

LMA

41-0852411

5110

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON QCR I ASFR BOND PAPER USING HEAT RESISTANT INKS

9595

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
 PO BOX 220
 INDIAN RIVER, MI 49749
 (231) 238-0970

1 Rents
 \$
 2 Royalties
 \$
 3 Other income
 \$ 810.00

OMB No. 1545-0115

2020

Form 1099-MISC

Miscellaneous Income

PAYER'S TIN

RECIPIENT'S TIN

5 Fishing boat proceeds
 \$

6 Medical and health care payments
 \$

RECIPIENT'S name
BARB ALGENSTEDT

7 Payer made direct sales of
 \$5,000 or more of consumer
 products to a buyer
 (recipient) for resale

8 Substitute payments in lieu of
 dividends or interest
 \$

Street address (including apt. no.)

2743 GILPIN

9 Crop insurance proceeds

10 Gross proceeds paid to an
 attorney
 \$

City or town, state or province, country, and ZIP or foreign postal code
CHEBOYGAN MI 49721

11

12 Section 409A deferrals
 \$

Account number (see instructions)

FATCA filing
requirement

2nd TIN not

13 Excess golden parachute
 payments
 \$

14 Nonqualified deferred
 compensation
 \$

15 State tax withheld

16 State/Payer's state no.

17 State income

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

7171

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
 PO BOX 220
 INDIAN RIVER, MI 49749
 (231) 238-0970

OMB No. 1545-0116

2020

Form 1099-NEC

Nonemployee Compensation

 1 Nonemployee compensation
 \$ 3000.00

Copy A
 For
 Internal Revenue Service Center

File with Form 1096.

 2

 3

 4 Federal income tax withheld
 \$

 5 State tax withheld
 \$
 6 State/Payer's state no.
 \$
 7 State income
 \$

 FATCA filing requirement

Form 1099-NEC

41-0852411

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — **Do Not Cut or Separate Forms on This Page**

7171

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
 PO BOX 220
 INDIAN RIVER, MI 49749
 (231) 238-0970

OMB No. 1545-0116

2020

Form 1099-NEC

Nonemployee Compensation

 1 Nonemployee compensation
 \$ 1113.05

Copy A
 For
 Internal Revenue Service Center

File with Form 1096.

 2

 3

 4 Federal income tax withheld
 \$

 5 State tax withheld
 \$
 6 State/Payer's state no.
 \$
 7 State income
 \$

 FATCA filing requirement

Form 1099-NEC

41-0852411

NEC5110

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

 DETACH BEFORE MAILING
 MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TWP LIBRARY
3546 S STRAITS HWY
INDIAN RIVER, MI
(231) 238-0970

1 Rents
\$
2 Royalties
\$
3 Other income
\$ 1 8 5 9 . 5 8
4 Federal income tax withheld
\$

OMB No. 1545-0115
2020
Form 1099-MISC

Miscellaneous Income

Copy C
For Payer
or State Copy
or Copy 2

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds
\$
6 Medical and health care payments
\$

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
CLASSIC CLEANING
10701 PARKE RD.
ALANSON, MI 49706

7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale
8 Substitute payments in lieu of
dividends or interest
\$
9 Crop insurance proceeds
\$
10 Gross proceeds paid to an
attorney
\$
11
12 Section 409A deferrals
\$

Account number (see instructions) FATCA filing requirement 2nd TIN not

13 Excess golden parachute
payments
\$
14 Nonqualified deferred
compensation
\$

Form 1099-MISC www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

1 Rents
\$
2 Royalties
\$
3 Other income
\$
4 Federal income tax withheld
\$

OMB No. 1545-0115
2020
Form 1099-MISC

Miscellaneous Income

Copy C
For Payer
or State Copy
or Copy 2

PAYER'S TIN RECIPIENT'S TIN

5 Fishing boat proceeds
\$
6 Medical and health care payments
\$

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

7 Payer made direct sales of
\$5,000 or more of consumer
products to a buyer
(recipient) for resale
8 Substitute payments in lieu of
dividends or interest
\$
9 Crop insurance proceeds
\$
10 Gross proceeds paid to an
attorney
\$
11
12 Section 409A deferrals
\$

Account number (see instructions) FATCA filing requirement 2nd TIN not

13 Excess golden parachute
payments
\$
14 Nonqualified deferred
compensation
\$
15 State tax withheld
\$
16 State/Payer's state no.
\$
17 State income
\$

Form 1099-MISC

LMC/LM2

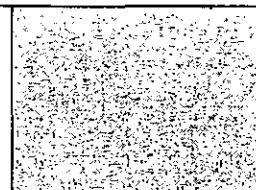
www.irs.gov/Form1099MISC

5112

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TWP LIBRARY
3546 S STRAITS HWY
INDIAN RIVER, MI
(231) 238-0970



OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

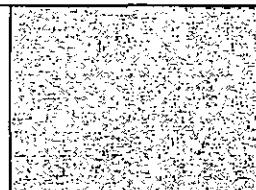
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 2859.01	Copy B For Recipient
RECIPIENT'S name CLASSIC CLEANING		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 10701 PARKE RD.		3 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code ALANSON, MI 49706		4 Federal income tax withheld \$	
Account number (see instructions)		5 State tax withheld \$	7 State income \$

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TWP LIBRARY
3546 S STRAITS HWY
INDIAN RIVER, MI
(231) 238-0970



OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 2126.67	Copy B For Recipient
RECIPIENT'S name HILL MOUNTAIN SIGNWORKS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 6455 PICKEREL LAKE ROAD		3 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code PETOSKEY MI 49770		4 Federal income tax withheld \$	
Account number (see instructions)		5 State tax withheld \$	7 State income \$

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 17500.00	Copy B For Recipient
RECIPIENT'S name GREAT LAKES FIREWORKS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 24805 MARINE City or town, state or province, country, and ZIP or foreign postal code EASTPOINTE MI 48021		3	
Account number (see instructions)		4 Federal income tax withheld \$	
		5 State tax withheld \$	7 State income \$
		6 State identification no. 38-1812031	\$

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 4253.33	Copy B For Recipient
RECIPIENT'S name HILL MOUNTAIN SIGNWORKS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 6455 PICKEREL LAKE ROAD City or town, state or province, country, and ZIP or foreign postal code PETOSKEY MI 49770		3	
Account number (see instructions)		4 Federal income tax withheld \$	
		5 State tax withheld \$	7 State income \$
		6 State identification no.	\$

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970

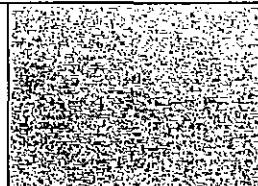
OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 3520.00	Copy B For Recipient
RECIPIENT'S name K & J SEPTIC SERVICE		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 2560 RIVER ROAD City or town, state or province, country, and ZIP or foreign postal code PETOSKEY MI 49770		3	
Account number (see instructions)		4 Federal income tax withheld \$	
		5 State tax withheld \$	7 State income \$
		6 State identification no.	\$

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970



OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

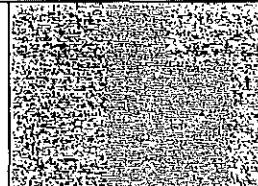
PAYER'S TIN 	RECIPIENT'S TIN 	1 Nonemployee compensation \$ 6464.00	<p>Copy B For Recipient</p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name BRUCE THOMPSON		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Street address (including apt. no.) 2063 MILLER ROAD City or town, state or province, country, and ZIP or foreign postal code ALANSON MI 49706		3 	
Account number (see instructions)		4 Federal income tax withheld \$	
5 State tax withheld \$	6 State identification no. -----	7 State income \$	

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

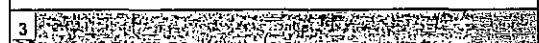
CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970



OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

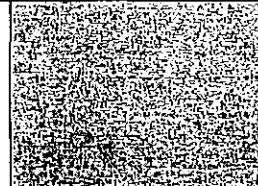
PAYER'S TIN 	RECIPIENT'S TIN 	1 Nonemployee compensation \$ 4000.00	<p>Copy B For Recipient</p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name QUALITY SEAL COATING		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Street address (including apt. no.) 2803 BERRY PATCH LANE		3 	
City or town, state or province, country, and ZIP or foreign postal code ALANSON MI 49706		4 Federal income tax withheld \$	
Account number (see instructions)		5 State tax withheld \$	
6 State identification no. -----	7 State income \$		

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970



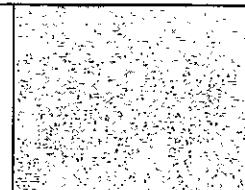
OMB No. 1545-0116
Form 1099-NEC
Rev. January 2022
For calendar year
20 22

Nonemployee Compensation

PAYER'S TIN 	RECIPIENT'S TIN 	1 Nonemployee compensation \$ 2100.00	<p>Copy B For Recipient</p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name ARBOR LOGIC TREE CARE		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
Street address (including apt. no.) 3869 CLUB ROAD		3 	
City or town, state or province, country, and ZIP or foreign postal code INDIAN RIVER MI 49749		4 Federal income tax withheld \$	
Account number (see instructions)		5 State tax withheld \$	
6 State identification no. -----	7 State income \$		

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
TUSCARORA TOWNSHIP
PO BOX 220
INDIAN RIVER, MI 49749
(231) 238-0970



OMB No. 1545-0116

Form 1099-NEC

Rev. January 2022

For calendar year

20 22

Nonemployee Compensation

PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	1 Nonemployee compensation \$ 4857.25	Copy B For Recipient
RECIPIENT'S name CLASSIC CLEANING		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale 3 [REDACTED]	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 10701 PARKE RD.		4 Federal income tax withheld \$	
City or town, state or province, country, and ZIP or foreign postal code ALANSON, MI 49706		5 State tax withheld \$	6 State identification no. [REDACTED]
Account number (see instructions)		7 State income \$	

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. DOWNTOWN DEVELOPMENT AUTHORITY 546 S. STRAITS HWY. PO BOX 220 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 Form 1099-MISC Rev. January 2022 For calendar year 20 22
PAYER'S TIN	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county KIRK & HUTH, P.C. ATTORNEYS AT LAW 19500 HALL RD., SUITE 100 CLINTON TWP. MI 48038		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11 Fish purchase for resale \$	8 Substitute payments in lieu of dividends or inter \$ 10 Gross proceeds paid to an attorney \$ 31.25 12 Section 409A deferrals \$
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$
Account number (see instructions)		16 State tax withheld \$ \$	17 State/Payer's state no. 18 State income \$ \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

**Miscellaneous
Income**

**Copy B
For Recipient**

This is important tax
information and is
being furnished to
the Internal Revenue
Service. If you are
required to file a
return, a negligence
penalty or other
sanction may be
imposed on you if
this income is
taxable and the IRS
determines that it
has not been
reported.

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 1500.00 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 Form 1099-MISC Rev. January 2022 For calendar year 20 22
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county THOMAS SNYDER PO BOX 847 INDIAN RIVER MI 49749		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11 Fish purchase for resale \$	8 Substitute payments in lieu of dividends or inter \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$
Account number (see instructions)		16 State tax withheld \$ \$	17 State/Payer's state no. 18 State income \$ \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

**Miscellaneous
Income**

**Copy B
For Recipient**

This is important tax
information and is
being furnished to
the Internal Revenue
Service. If you are
required to file a
return, a negligence
penalty or other
sanction may be
imposed on you if
this income is
taxable and the IRS
determines that it
has not been
reported.

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 Form 1099-MISC Rev. January 2022 For calendar year 20 22	Miscellaneous Income	
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address, ZIP/postal code & county KIRK & HUTH, P.C. ATTORNEYS AT LAW 19500 HALL RD., SUITE 100 CLINTON TWP. MI 48038		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11 Fish purchase for resale \$	8 Substitute payments in lieu of dividends or interest \$ 10 Gross proceeds paid to an attorney \$12491.78 12 Section 409A deferrals \$		
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$		15 Nonequalified deferred compensation \$
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no. -----		18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
301 - POLICE ✓	POLICE OFFICERS			
7720				
14	CHAMBERLAIN, WALTER C	64,044.22	64,044.22	0.00
34	BLUMKE, BRANDON D.	71,010.43	69,890.68	1,119.75
35	DIEHL, CHRISTOPHER V	65,488.06	65,488.06	0.00
42	TEMPLE, JR, GORDON M.	82,953.20	82,953.20	0.00
59	ANDERSON, MICKELO M	67,494.21	66,680.01	814.20
66	LALONDE, STACY A	65,162.72	65,162.72	0.00
8	JOHNSON, JEFFREY A.	63,722.22	63,722.22	0.00
102	MYERSON, JANET C	63,642.73	63,225.45	417.28
70	BECKWITH, CHARLES A	2,940.00	2,940.00	0.00
130	JONES, JACKSON E	18,615.80	18,615.80	0.00

7720 Totals: 565,073.59 562,722.36 2,351.23

8810-3	LIBRARIES/MUSEUMS: PR			
9	JEWELL, KATHLEEN	7,273.60	7,273.60	0.00
125	BLAIR, SYDNEY N	704.00	704.00	0.00

8810-3 Totals: 7,977.60 7,977.60 0.00

Unclassified	No Workers' Comp Code			
125	BLAIR, SYDNEY N	3,296.00	3,296.00	0.00

Unclassified Totals: 3,296.00 3,296.00 0.00

8810-1	OFFICE			
9	JEWELL, KATHLEEN	28,571.31	28,571.31	0.00

8810-1 Totals: 28,571.31 28,571.31 0.00

Department 301 Totals: 604,918.50 ✓ 602,567.27 ✓ 2,351.23 ✓

215 - CLERK ✓	No Workers' Comp Code			
Unclassified	No Workers' Comp Code			
107	WEBB, DAWN M	23,962.10	23,962.10	0.00

Unclassified Totals: 23,962.10 23,962.10 0.00

8810-1	OFFICE			
83	WIMER, CINDY J	50.00	50.00	0.00

8810-1 Totals: 50.00 50.00 0.00

Department 215 Totals: 24,012.10 ✓ 24,012.10 ✓ 0.00

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
101 - TOWNSHIP BOARD				
8810-2	ELECTED OFFICIALS			
27	FISHER, SUSAN	7,361.25	7,361.25	0.00
84	VANCE, JANET M	4,240.08	4,240.08	0.00
121	KRAMER, ROBERT A	4,240.08	4,240.08	0.00
8810-2 Totals:		15,841.41	15,841.41	0.00
8810-1	OFFICE			
122	HUGHEY, MARY E	3,935.10	3,935.10	0.00
129	ELWELL, SUMMER R	4,965.75	4,965.75	0.00
132	DECKER, LAURA L	7,258.13	7,258.13	0.00
8810-1 Totals:		16,158.98	16,158.98	0.00
9220	CEMETERY OPERATIONS			
131	DILLAHA, JANICE A	161.52	161.52	0.00
9220 Totals:		161.52	161.52	0.00
Department 101 Totals:		32,161.91	32,161.91	0.00
253 - TREASURER				
8810-2	ELECTED OFFICIALS			
36	BALAZOVIC, BOBBI J	34,876.92	34,876.92	0.00
8810-2 Totals:		34,876.92	34,876.92	0.00
Department 253 Totals:		34,876.92	34,876.92	0.00
171 - SUPERVISOR				
8810-2	ELECTED OFFICIALS			
45	RIDLEY, MICHAEL E	24,431.94	24,431.94	0.00
8810-2 Totals:		24,431.94	24,431.94	0.00
Department 171 Totals:		24,431.94	24,431.94	0.00
751 - PARKS AND REC				
9102	PARK MUNICIPAL			
58	PRITCHETT, ALICE J	3,519.13	3,519.13	0.00
124	MILLER, SCOTT W	36,946.45	35,955.21	991.24
41	PURTILL, JAMES E	345.00	345.00	0.00
90	MANSON, HOWARD W	255.00	255.00	0.00
76	CHENEY, TODD N	1,500.00	1,500.00	0.00
133	HEALY, TROY A	4,291.76	4,256.46	35.30

Workers' Compensation by Department Report
For Check Dates 07/01/2021 to 06/30/2022

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
9102 Totals:		46,857.34	45,830.80	1,026.54

Unclassified	No Workers' Comp Code			
118	SCHOFIELD, DOUGLAS D	48,260.00	48,260.00	0.00
123	ORMSBEE, ROBIN R	10,911.98	10,641.75	270.23
126	BOTTORFF, JACKSON C	6,056.70	5,980.20	76.50
76	CHENEY, TODD N	105.00	105.00	0.00
127	DEWYRE, MASEN A ✓	40.50	0.00	40.50
135	HUFFMAN, RYAN D ✓	934.50	934.50	0.00

Unclassified Totals:	66,308.68	65,921.45	387.23
----------------------	-----------	-----------	--------

9410	MUNICIPAL TWP COUNTY			
127	DEWYRE, MASEN A	6,168.45	6,168.45	0.00

9410 Totals:	6,168.45	6,168.45	0.00
--------------	----------	----------	------

Department 751 Totals:	119,334.47 ✓	117,920.70 ✓	1,413.77 ✓
------------------------	--------------	--------------	------------

257 - ASSESSOR ✓				
9410	MUNICIPAL TWP COUNTY			
105	GEHRES, JOHN L	45,000.02	45,000.02	0.00

9410 Totals:	45,000.02	45,000.02	0.00
--------------	-----------	-----------	------

8810-3	LIBRARIES/MUSEUMS: PR			
110	WITULSKI, THERESA M	14,792.04	14,792.04	0.00

8810-3 Totals:	14,792.04	14,792.04	0.00
----------------	-----------	-----------	------

Department 257 Totals:	59,792.06 ✓	59,792.06 ✓	0.00 ✓
------------------------	-------------	-------------	--------

247 - BOARD OF REVIEW ✓				
9410	MUNICIPAL TWP COUNTY			
49	MALENFANT, LEEANN M	472.00	472.00	0.00
80	KABAT, TERRY A	472.00	472.00	0.00
86	FULLFORD, DEBORAH M	472.00	472.00	0.00

9410 Totals:	1,416.00	1,416.00	0.00
--------------	----------	----------	------

Department 247 Totals:	1,416.00	1,416.00	0.00
------------------------	----------	----------	------

655 - LIBRARY				
8810	PUBLIC LIBRARY OR MUS			
11-L	MILLER, HELEN J	16,379.36	16,341.11	38.25
14-L	ERDMANN, LORETTA	15,591.30	15,591.30	0.00

Workers' Compensation by Department Report
For Check Dates 07/01/2021 to 06/30/2022

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
8810 Totals:		31,970.66	31,932.41	38.25
8810-3 119	LIBRARIES/MUSEUMS: PR RUTKOWSKI, KELSEY J	27,123.41	27,123.41	0.00
8810-3 Totals:		27,123.41	27,123.41	0.00
Unclassified 128	No Workers' Comp Code LINTZ, SANDRA L	13,366.00	13,366.00	0.00
Unclassified Totals:		13,366.00	13,366.00	0.00
Department 655 Totals:		72,460.07	72,421.82	38.25
262 - ELECTIONS ✓				
Unclassified 97 99 100 104 113 114 115 116 117 134	No Workers' Comp Code BODNAR, DAWN M FISHER, CYNTHIA J HAYES, KIMBERLY A THORNLOW, JACQUELINE LOSH, VICKI M BELL, REBECCA J PREDIGER, DIANNA M PREDIGER, KEVIN G LAFFERTY, KATHRYN S KRESS, CHRISTOPHER B	50.00 50.00 50.00 50.00 415.00 50.00 370.00 370.00 50.00 270.00	50.00 50.00 50.00 50.00 415.00 50.00 370.00 370.00 50.00 270.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
Unclassified Totals:		1,725.00	1,725.00	0.00
Department 262 Totals:		1,725.00	1,725.00	0.00
Grand Totals:		975,128.97 ✓	971,325.72 ✓	3,803.25 ✓

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
301 - POLICE	POLICE OFFICERS			
7720	CHAMBERLAIN, WALTER C	62,620.25	62,620.25	0.00
14	BLUMKE, BRANDON D.	70,035.08	70,035.08	0.00
34	DIEHL, CHRISTOPHER V	62,138.44	62,138.44	0.00
35	TEMPLE, JR, GORDON M.	80,162.22	80,162.22	0.00
42	ANDERSON, MICKELO M	63,930.44	63,930.44	0.00
59	LALONDE, STACY A	65,286.40	65,286.40	0.00
66	JOHNSON, JEFFREY A.	62,881.00	62,881.00	0.00
8	MYERSON, JANET C	60,532.15	60,532.15	0.00
102	BECKWITH, CHARLES A	2,977.50	2,977.50	0.00
7720 Totals:		530,563.48	530,563.48	0.00

X 201

8810-3	LIBRARIES/MUSEUMS: PR			
9	JEWELL, KATHLEEN	49,308.75	49,308.75	0.00

8810-3 Totals:		49,308.75	49,308.75	0.00
----------------	--	-----------	-----------	------

Unclassified	No Workers' Comp Code			
108	LODER, DANIEL J	5,250.00	5,250.00	0.00
125	BLAIR, SYDNEY N	1,632.00	1,632.00	0.00
Unclassified Totals:		6,882.00	6,882.00	0.00

o Need job descrip
o Law Enforcement Officer

Department 301 Totals:		586,754.23	586,754.23	0.00
------------------------	--	------------	------------	------

215 - CLERK	MUNICIPAL TWP COUNTY			
9410	WIMER, CINDY J	1,572.43	1,298.36	274.07
9410 Totals:		1,572.43	1,298.36	274.07

Unclassified	No Workers' Comp Code			
107	WEBB, DAWN M	242.13	110.50	131.63
Unclassified Totals:		242.13	110.50	131.63

Department 215 Totals:		1,814.56	1,408.86	405.70
------------------------	--	----------	----------	--------

101 - TOWNSHIP BOARD	LIBRARIES/MUSEUMS: PR			
8810-3	FISHER, SUSAN	10,089.60	10,089.60	0.00
8810-3 Totals:		10,089.60	10,089.60	0.00

8810-2	ELECTED OFFICIALS			
--------	-------------------	--	--	--

104 msg 6/7 to confirm Loder/Blair

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
84	VANCE, JANET M	4,487.08	4,350.58	136.50
27	FISHER, SUSAN	16,379.52	16,192.02	187.50
19	WALDRON, CRAIG	2,119.74	2,119.74	0.00
121	KRAMER, ROBERT A	2,609.28	2,609.28	0.00
106	RODRIGUEZ, DOLLY J	28,795.35	28,795.35	0.00

8810-2 Totals:	54,390.97	54,066.97	324.00
----------------	-----------	-----------	--------

8810-1	OFFICE			
27	FISHER, SUSAN	500.00	500.00	0.00
122	HUGHEY, MARY E	3,967.50	3,967.50	0.00

8810-1 Totals:	4,467.50	4,467.50	0.00
----------------	----------	----------	------

Department 101 Totals:	68,948.07	68,624.07	324.00
------------------------	-----------	-----------	--------

253 - TREASURER

8810-2	ELECTED OFFICIALS			
36	BALAZOVIC, BOBBI J	34,876.92	34,876.92	0.00

8810-2 Totals:	34,876.92	34,876.92	0.00
----------------	-----------	-----------	------

Department 253 Totals:	34,876.92	34,876.92	0.00
------------------------	-----------	-----------	------

171 - SUPERVISOR

8810-2	ELECTED OFFICIALS			
45	RIDLEY, MICHAEL E	24,431.94	24,431.94	0.00

8810-2 Totals:	24,431.94	24,431.94	0.00
----------------	-----------	-----------	------

Department 171 Totals:	24,431.94	24,431.94	0.00
------------------------	-----------	-----------	------

751 - PARKS AND REC

9102	PARK MUNICIPAL			
41	PURTILL, JAMES E	10,426.44	10,426.44	0.00
73	WALKER, JOSEPH A	8,361.68	8,223.75	137.93
94	SMELTZER, DANIEL J	5,189.21	5,180.37	8.84
58	PRITCHETT, ALICE J	8,702.24	8,702.24	0.00
120	WHITMAN, CODY F	16,221.29	15,557.15	664.14
124	MILLER, SCOTT W	4,678.63	4,455.50	223.13
90	MANSON, HOWARD W	997.50	997.50	0.00

9102 Totals:	54,576.99	53,542.95	1,034.04
--------------	-----------	-----------	----------

Unclassified	No Workers' Comp Code			
76	CHENEY, TODD N	9,410.60	9,410.60	0.00

O need job desc P
Office Admin

ID / Code	Name / Desc	Gross Pay	Regular Pay	1.500x
118	SCHOFIELD, DOUGLAS D	35,960.00	35,960.00	0.00
123	ORMSBEE, ROBIN R	5,559.90	5,559.90	0.00
126	BOTTORFF, JACKSON C	1,183.50	1,183.50	0.00
Unclassified Totals:		52,114.00	52,114.00	0.00

Department 751 Totals:	106,690.99 ✓	105,656.95 ✓	1,034.04 ✓
------------------------	--------------	--------------	------------

257 - ASSESSOR

9410	MUNICIPAL TWP COUNTY			
105	GEHRES, JOHN L	45,000.02	45,000.02	0.00
9410 Totals:		45,000.02	45,000.02	0.00
8810-3	LIBRARIES/MUSEUMS: PR			
110	WITULSKI, THERESA M	13,894.50	13,894.50	0.00
8810-3 Totals:		13,894.50	13,894.50	0.00

Department 257 Totals:	58,894.52 ✓	58,894.52 ✓	0.00
------------------------	-------------	-------------	------

247 - BOARD OF REVIEW

9410	MUNICIPAL TWP COUNTY			
86	FULLFORD, DEBORAH M	354.00	354.00	0.00
80	KABAT, TERRY A	354.00	354.00	0.00
49	MALENFANT, LEEANN M	354.00	354.00	0.00
9410 Totals:		1,062.00	1,062.00	0.00

Department 247 Totals:	1,062.00 ✓	1,062.00 ✓	0.00
------------------------	------------	------------	------

655 - LIBRARY

8810	PUBLIC LIBRARY OR MUS			
11-L	MILLER, HELEN J	27,151.65	27,151.65	0.00
14-L	ERDMANN, LORETTA	17,192.33	17,192.33	0.00
8810 Totals:		44,343.98	44,343.98	0.00
8810-3	LIBRARIES/MUSEUMS: PR			
112	WRIGHT, RUDY C	6,538.45	6,538.45	0.00
119	RUTKOWSKI, KELSEY J	5,733.80	5,733.80	0.00
8810-3 Totals:		12,272.25	12,272.25	0.00

Department 655 Totals:	56,616.23 ✓	56,616.23 ✓	0.00
------------------------	-------------	-------------	------

ID / Code	Name / Desc	Gross Pay	Regular Pay	
262 - ELECTIONS				1.500x
Unclassified	No Workers' Comp Code			
97	BODNAR, DAWN M	547.75	232.00	315.75
99	FISHER, CYNTHIA J	529.50	246.00	283.50
100	HAYES, KIMBERLY A	317.25	132.00	185.25
104	THORNLOW, JACQUELINE	492.50	230.00	262.50
113	LOSH, VICKI M	743.25	334.50	408.75
114	BELL, REBECCA J	258.00	132.00	126.00
115	PREDIGER, DIANNA M	724.75	316.00	408.75
116	PREDIGER, KEVIN G	731.25	322.50	408.75
117	LAFFERTY, KATHRYN S	492.50	230.00	262.50
Unclassified Totals:		4,836.75	2,175.00	2,661.75
Department 262 Totals:		4,836.75	2,175.00	2,661.75
Grand Totals:		944,926.21	940,500.72	4,425.49

941 for 2022: Employer's QUARTERLY Federal Tax Return

(Rev. June 2022)

Department of the Treasury — Internal Revenue Service

950122

OMB No. 1545-0029

Employer identification number (EIN) 3 8 - 2 1 7 6 9 2 6

Name (not your trade name) Indian River Area Library

Trade name (if any)

Address PO Box 220

Number Street Suite or room number

Indian River MI 49749

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2022
(Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 4

2 Wages, tips, and other compensation 2 20,090 . 76

3 Federal income tax withheld from wages, tips, and other compensation 3 1,655 . 46

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages*	20,090 . 76	$20,090 \times 0.124 =$ 2,491 . 25
5a (i) Qualified sick leave wages*	■	$\times 0.062 =$ ■
5a (ii) Qualified family leave wages*	■	$\times 0.062 =$ ■
5b Taxable social security tips	■	$\times 0.124 =$ ■
5c Taxable Medicare wages & tips	20,090 . 76	$20,090 \times 0.029 =$ 582 . 63
5d Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■

*Include taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2020, and before April 1, 2021.

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 3,073 . 88

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f ■

6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 4,729 . 34

7 Current quarter's adjustment for fractions of cents 7 -0 . 04

8 Current quarter's adjustment for sick pay 8 ■

9 Current quarter's adjustments for tips and group-term life insurance 9 ■

10 Total taxes after adjustments. Combine lines 6 through 9 10 4,729 . 30

11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a ■

11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 11b ■

11c Reserved for future use 11c ■

► You MUST complete all three pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 6-2022)

Next ►

Name (not your trade name) Indian River Area Library	Employer identification number (EIN) 38 - 1812031
---	--

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d
11e Reserved for future use	11e
11f Reserved for future use	11f
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12 4,729 □ 30
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a 4,729 □ 30
13b Reserved for future use	13b
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c
13d Reserved for future use	13d
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e
13f Reserved for future use	13f
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g 4,729 □ 30
13h Reserved for future use	13h
13i Reserved for future use	13i
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14
15 Overpayment. If line 13g is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
 You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 1,585 □ 51

Month 2 1,559 □ 83

Month 3 1,583 □ 96

Total liability for quarter 4,729 □ 30 Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Name (not your trade name)

Indian River Area Library

Employer identification number (EIN)

38 - 1812031

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Reserved for future use 21

22 Reserved for future use 22

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Dawn M. Webb

Print your title here

Clerk

Date

7/18/22

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

941 for 2022: Employer's QUARTERLY Federal Tax Return

Form (Rev. March 2022)

Department of the Treasury — Internal Revenue Service

950122

OMB No. 1545-0029

Employer identification number (EIN)		3	8	-	2	1	7	6	9	2	6		
Name (not your trade name) Indian River Area Library													
Trade name (if any)													
Address		PO Box 220											
Number	Street	Suite or room number											
Indian River		MI	49749										
City	State	ZIP code											
Foreign country name		Foreign province/county		Foreign postal code									

Report for this Quarter of 2022
(Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1)	1	4
2	Wages, tips, and other compensation	2	20446 . 50
3	Federal income tax withheld from wages, tips, and other compensation	3	1093 . 42
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

Column 1

Column 2

5a	Taxable social security wages*	20446 . 50	$\times 0.124 =$	2537 . 85	*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.
5a	(i) Qualified sick leave wages*		$\times 0.062 =$		
5a	(ii) Qualified family leave wages*		$\times 0.062 =$		
5b	Taxable social security tips		$\times 0.124 =$		
5c	Taxable Medicare wages & tips	20446 . 50	$\times 0.029 =$	593 . 53	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$		

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	3131 . 38
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	4224 . 80
7	Current quarter's adjustment for fractions of cents	7	0 . 04
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	4224 . 84
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	
11c	Reserved for future use	11c	

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)
Indian River Area Library

Employer identification number (EIN)
38-2176926

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Reserved for future use 21

22 Reserved for future use 22

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

Dawn M Webb

Print your title here

Clerk

Date

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form **941 for 2021: Employer's QUARTERLY Federal Tax Return**
(Rev. June 2021) Department of the Treasury — Internal Revenue Service

Form 541
(Rev. June 2021)

Employer's Quarterly Tax

Department of the Treasury - Internal Revenue Service

951121

OMB No. 1545-0029

Employer identification number (EIN)	3	8	-	2	1	7	6	9	2	6
Name (not your trade name)	Indian River Area Library									
Trade name (if any)										
Address	PO Box 220									
Number	Street			Suite or room number						
Indian River				MI	49749					
City				State	ZIP code					
Foreign country name				Foreign province/county			Foreign postal code			

Report for this Quarter of 2021
(Check one.)
<input type="checkbox"/> 1: January, February, March
<input type="checkbox"/> 2: April, May, June
<input type="checkbox"/> 3: July, August, September
<input checked="" type="checkbox"/> 4: October, November, December

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	4
2	Wages, tips, and other compensation	2	15010 . 75
3	Federal income tax withheld from wages, tips, and other compensation	3	484 . 99
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
	Column 1	Column 2	
5a	Taxable social security wages*	15010 . 75	$\times 0.124 =$ 1861 . 33
5a	(i) Qualified sick leave wages*	■	$\times 0.062 =$ ■
5a	(ii) Qualified family leave wages*	■	$\times 0.062 =$ ■
5b	Taxable social security tips	■	$\times 0.124 =$ ■
5c	Taxable Medicare wages & tips	15010 . 75	$\times 0.029 =$ 435 . 31
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2296 . 64
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	2781 . 63
7	Current quarter's adjustment for fractions of cents	7	■ . 04
8	Current quarter's adjustment for sick pay	8	■
9	Current quarter's adjustments for tips and group-term life insurance	9	■
10	Total taxes after adjustments. Combine lines 6 through 9	10	2781 . 67
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	■
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	■
11c	Nonrefundable portion of employee retention credit	11c	■

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next

Name (not your trade name) Indian River Area Library	Employer identification number (EIN) 38-2176926
---	--

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	11d
11e Nonrefundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	11e
11f Number of individuals provided COBRA premium assistance	
11g Total nonrefundable credits. Add lines 11a, 11b, 11c, 11d, and 11e	11g 0 . 00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12 2781 . 67
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a 2781 . 67
13b Reserved for future use	13b
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c
13d Refundable portion of employee retention credit	13d
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021	13e
13f Refundable portion of COBRA premium assistance credit (see instructions for applicable quarters)	13f
13g Total deposits and refundable credits. Add lines 13a, 13c, 13d, 13e, and 13f	13g 2781 . 67
13h Total advances received from filing Form(s) 7200 for the quarter	13h
13i Total deposits and refundable credits less advances. Subtract line 13h from line 13g	13i 2781 . 67
14 Balance due. If line 12 is more than line 13i, enter the difference and see instructions	14 0 . 00
15 Overpayment. If line 13i is more than line 12, enter the difference	0 . 00

Check one: Apply to next return. Send a refund.**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)

Employer identification number (EIN)

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / ; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

Print your title here

Date

/ /

Best daytime phone

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Employer identification number (EIN)	3	8	-	2	1	7	6	9	2	6	
Name (not your trade name)	Tuscarora Township										
Trade name (if any)											
Address	PO Box 220										
	Number	Street	Suite or room number								
Indian River			MI	49749							
City			State	ZIP code							
Foreign country name	Foreign province/county					Foreign postal code					

Report for this Quarter of 2021
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	4
2	Wages, tips, and other compensation	2	16892 . 06
3	Federal income tax withheld from wages, tips, and other compensation	3	822 . 33
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
	Column 1	Column 2	
5a	Taxable social security wages*	16892 . 06	$16892 . 06 \times 0.124 =$ 2094 . 62
5a	(i) Qualified sick leave wages*	■	$\square \times 0.062 =$ ■
5a	(ii) Qualified family leave wages*	■	$\square \times 0.062 =$ ■
5b	Taxable social security tips	■	$\square \times 0.124 =$ ■
5c	Taxable Medicare wages & tips	16892 . 06	$16892 . 06 \times 0.029 =$ 489 . 87
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\square \times 0.009 =$ ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2584 . 49
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	3406 . 82
7	Current quarter's adjustment for fractions of cents	7	■ . 01
8	Current quarter's adjustment for sick pay	8	0 . 00
9	Current quarter's adjustments for tips and group-term life insurance	9	■
10	Total taxes after adjustments. Combine lines 6 through 9	10	3406 . 81
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	■
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	■
11c	Nonrefundable portion of employee retention credit	11c	■

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next

Name (not your trade name) Tuscarora Township	Employer identification number (EIN) 382176926
--	---

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

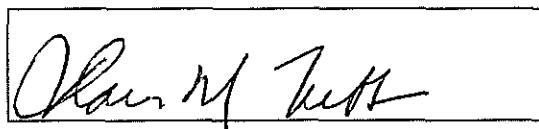
No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Dawn M. Webb

Print your title here

Clerk

Date

10/19/21

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name PTIN

Preparer's signature Date / /

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

941 for 2021: Employer's QUARTERLY Federal Tax Return

Form (Rev. June 2021)

Department of the Treasury — Internal Revenue Service

951121

OMB No. 1545-0029

Employer identification number (EIN)	3	8	-	2	1	7	6	9	2	6
Name (not your trade name)	Indian River Area Library									
Trade name (if any)										
Address	PO Box 160									
Number	Street		Suite or room number							
Indian River			MI	49749						
City	State	ZIP code								
Foreign country name		Foreign province/county		Foreign postal code						

Report for this Quarter of 2021
(Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 3

2 Wages, tips, and other compensation 2 14,966 31 ✓

3 Federal income tax withheld from wages, tips, and other compensation 3 813 77

4 If no wages, tips, and other compensation are subject to social security or Medicare tax □ Check and go to line 6.

Column 1

Column 2

5a Taxable social security wages*	14,966 31	$\times 0.124 =$	1,855.82
5a (i) Qualified sick leave wages*	0 00	$\times 0.062 =$	0 00
5a (ii) Qualified family leave wages*	0 00	$\times 0.062 =$	0 00
5b Taxable social security tips	0 00	$\times 0.124 =$	0 00
5c Taxable Medicare wages & tips	14,966 31	$\times 0.029 =$	434 02
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0 00	$\times 0.009 =$	0 00

*Include taxable qualified sick and family leave wages for leave taken after March 31, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for wages paid after March 31, 2020, for leave taken before April 1, 2021.

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d 5e 2,289 84

5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 5f 0 00

6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 3,103 61

7 Current quarter's adjustment for fractions of cents 7 0 00

8 Current quarter's adjustment for sick pay 8 0 00

9 Current quarter's adjustments for tips and group-term life insurance 9 0 00

10 Total taxes after adjustments. Combine lines 6 through 9 10 3,103 61

11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a 0 00

11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 11b 0 00

11c Nonrefundable portion of employee retention credit 11c 0 00

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name) Indian River Area Library	Employer identification number (EIN) 38-2176926
---	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

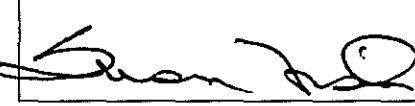
No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here



Print your name here

Susan Fisher

Print your title here

Deputy Clerk

Date

7/9/21

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return
(Rev. March 2021) Department of the Treasury - Internal Revenue Service

Form 5-11

Department of the Treasury - Internal Revenue Service

950121

OMB No. 1545-0029

Employer identification number (EIN)	3	8	-	2	1	7	6	9	2	6
Name (not your trade name)	Indian River Area Library									
Trade name (if any)										
Address	PO Box 160									
Number	Street			Suite or room number						
Indian River				MI	49749					
City				State	ZIP code					
Foreign country name				Foreign province/county	Foreign postal code					

Report for this Quarter of 2021
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 3-2021)

Next

Name (not your trade name)

Indian River Area Library

Employer identification number (EIN)

38-2176926

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d	0.00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	2496.35
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	2332.91
13b Reserved for future use	13b	0.00
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	0.00
13d Refundable portion of employee retention credit from Worksheet 1	13d	0.00
13e Total deposits and refundable credits. Add lines 13a, 13c, and 13d	13e	0.00
13f Total advances received from filing Form(s) 7200 for the quarter	13f	0.00
13g Total deposits and refundable credits less advances. Subtract line 13f from line 13e	13g	0.00
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	163.44
15 Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1	796.64
Month 2	857.41
Month 3	842.30
Total liability for quarter	2496.35

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. July 2020) Department of the Treasury — Internal Revenue Service

(Rev. July 2020)

Department of the Treasury - Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)	3	8	-	2	1	7	6	9	2	6
Name (not your trade name)	Indian River Area Library									
Trade name (if any)										
Address	PO Box 160									
Number	Street			Suite or room number						
Indian River				MI	49749					
City				State	ZIP code					
Foreign country name				Foreign province/county			Foreign postal code			

Report for this Quarter of 2020
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	3
2	Wages, tips, and other compensation	2	15,648 . 76
3	Federal income tax withheld from wages, tips, and other compensation	3	977 . 98
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.

Check and go to line 6.

	Column 1	Column 2	
5a Taxable social security wages . . .	15,648 ■ 76	$\times 0.124 =$	1,940 ■ 45
5a (i) Qualified sick leave wages . . .	0 ■ 00	$\times 0.062 =$	0 ■ 00
5a (ii) Qualified family leave wages . . .	0 ■ 00	$\times 0.062 =$	0 ■ 00
5b Taxable social security tips . . .	0 ■ 00	$\times 0.124 =$	0 ■ 00
5c Taxable Medicare wages & tips . . .	15,648 ■ 76	$\times 0.029 =$	453 ■ 81
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0 ■ 00	$\times 0.009 =$	0 ■ 00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		5e	3,372 ■ 24
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .		5f	0 ■ 00
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		6	3,372 ■ 24
7 Current quarter's adjustment for fractions of cents		7	0 ■ 02
8 Current quarter's adjustment for sick pay		8	0 ■ 00
9 Current quarter's adjustments for tips and group-term life insurance		9	0 ■ 00
10 Total taxes after adjustments. Combine lines 6 through 9		10	8,372 ■ 26
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		11a	0 ■ 00
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1		11b	0 ■ 00
11c Nonrefundable portion of employee retention credit from Worksheet 1		11c	0 ■ 00

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 170012

Form 941 (Rev. 7-2020)



Name (not your trade name)

Indian River Area Library

Employer identification number (EIN)

38-2176926

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / /; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages 19 0 . 00

20 Qualified health plan expenses allocable to qualified family leave wages 20 0 . 00

21 Qualified wages for the employee retention credit 21 0 . 00

22 Qualified health plan expenses allocable to wages reported on line 21 22 0 . 00

23 Credit from Form 5884-C, line 11, for this quarter 23 0 . 00

24 Deferred amount of the employee share of social security tax included on line 13b 24 0 . 00

25 Reserved for future use 25

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

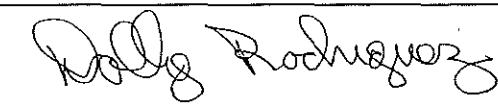
No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Dolly Rodriguez

Print your title here

Clerk

Date

1 / 4 / 21

Best daytime phone

231-238-0970

Paid Preparer Use OnlyCheck if you're self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

 / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State ZIP code

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service

Form **941**
(Rev. April 2020)

Employer's Quarterly Tax

Department of the Treasury - Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)		3	8	-	2	1	7	6	9	2	6
Name (not your trade name)		Indian River Area Library									
Trade name (if any)											
Address		PO Box 160									
Number		Street		Suite or room number							
Indian River				MI		49749					
City				State		ZIP code					
Foreign country name				Foreign province/county						Foreign postal code	

Report for this Quarter of 2020	
(Check one.)	
<input checked="" type="checkbox"/>	1: January, February, March
<input type="checkbox"/>	2: April, May, June
<input checked="" type="checkbox"/>	3: July, August, September
<input type="checkbox"/>	4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.	

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	3
2	Wages, tips, and other compensation	2	13,832 . . . 40
3	Federal income tax withheld from wages, tips, and other compensation	3	938 . . . 37
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
		Column 1	Column 2
5a	Taxable social security wages . . .	13,831 . . . 40 $\times 0.124 =$	1,715 . . . 22
5a	(i) Qualified sick leave wages . . .	0 . . . 00 $\times 0.062 =$	0 . . . 00
5a	(ii) Qualified family leave wages . . .	0 . . . 00 $\times 0.062 =$	0 . . . 00
5b	Taxable social security tips . . .	0 . . . 00 $\times 0.124 =$	0 . . . 00
5c	Taxable Medicare wages & tips . . .	13,832 . . . 40 $\times 0.029 =$	401 . . . 14
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0 . . . 00 $\times 0.009 =$	0 . . . 00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	2,116 . . . 73
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0 . . . 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	3,054 . . . 73
7	Current quarter's adjustment for fractions of cents	7	-0 . . . 02
8	Current quarter's adjustment for sick pay	8	0 . . . 00
9	Current quarter's adjustments for tips and group-term life insurance	9	0 . . . 00
10	Total taxes after adjustments. Combine lines 6 through 9	10	3,054 . . . 71
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0 . . . 00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	0 . . . 00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	0 . . . 00

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next ►

Name (not your trade name) Tuscarora Township	Employer identification number (EIN) 38-1812031
--	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages	<input type="checkbox"/> Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year	<input type="checkbox"/> Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	19 0 . 00
20 Qualified health plan expenses allocable to qualified family leave wages	20 0 . 00
21 Qualified wages for the employee retention credit	21 0 . 00
22 Qualified health plan expenses allocable to wages reported on line 21	22 0 . 00
23 Credit from Form 5884-C, line 11, for this quarter	23 0 . 00
24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941)	24 0 . 00
25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941)	25 0 . 00

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

--	--

--	--

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

--	--	--	--	--

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here

Print your name here

Susan Fisher

Print your title here

Clerk

Date

9/21/20

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name

--

PTIN

--

Preparer's signature

--

Date

/ /

Firm's name (or yours if self-employed)

--

EIN

--

Address

--

Phone

--

City

--

State

--

ZIP code

--

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	8
Name (not your trade name)		Township of Tuscarora									
Trade name (if any)											
Address		PO Box 220									
Number		Street		Suite or room number							
Indian River				MI		49749					
City				State		ZIP code					
Foreign country name				Foreign province/county						Foreign postal code	

Report for this Quarter of 2022
(Check one)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	40
2	Wages, tips, and other compensation	2	190,429 . 11
3	Federal income tax withheld from wages, tips, and other compensation	3	16,407 . 16
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.

Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages* . . .	190,429 ■ 11	$\times 0.124 =$ 23,613 ■ 21
5a (i) Qualified sick leave wages* . . .	■ ■	$\times 0.062 =$ ■ ■
5a (ii) Qualified family leave wages* . . .	■ ■	$\times 0.062 =$ ■ ■
5b Taxable social security tips . . .	190,429 ■ 11	$\times 0.124 =$ 5,522 ■ 44
5c Taxable Medicare wages & tips. . .	■ ■	$\times 0.029 =$ ■ ■
5d Taxable wages & tips subject to Additional Medicare Tax withholding	■ ■	$\times 0.009 =$ ■ ■

**Include taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2022 for leave taken after March 31, 2020, and before April 1, 2021.*

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	29,135	65
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f		
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	45,542	81
7	Current quarter's adjustment for fractions of cents	7	0	01
8	Current quarter's adjustment for sick pay	8	0	00
9	Current quarter's adjustments for tips and group-term life insurance	9		
10	Total taxes after adjustments. Combine lines 6 through 9	10	45,542	82
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a		
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b		
11c	Reserved for future use	11c		

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next ➤

Name (not your trade name)

Township of Tuscarora

Employer identification number (EIN)

38 - 1812031

Part 1: Answer these questions for this quarter. (continued)

11d	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	11d	
11e	Reserved for future use	11e	
11f	Reserved for future use	11f	
11g	Total nonrefundable credits. Add lines 11a, 11b, and 11d	11g	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10	12	45,542 81
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	45,446 27
13b	Reserved for future use	13b	
13c	Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	13c	
13d	Reserved for future use	13d	
13e	Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021	13e	
13f	Reserved for future use	13f	
13g	Total deposits and refundable credits. Add lines 13a, 13c, and 13e	13g	45,446 27
13h	Reserved for future use	13h	
13i	Reserved for future use	13i	
14	Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14	96 55
15	Overpayment. If line 13g is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name) Township of Tuscarora	Employer identification number (EIN) 38 - 1812031
---	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Reserved for future use 21

22 Reserved for future use 22

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

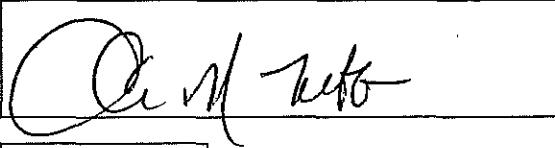
Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

	Sign your name here		Print your name here	Dawn M. Webb
			Print your title here	Clerk
Date	7/8/22		Best daytime phone	231-238-0970

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name	PTIN	
Preparer's signature	Date	
Firm's name (or yours if self-employed)	EIN	
Address	Phone	
City	State	ZIP code

941 for 2022: Employer's QUARTERLY Federal Tax Return

Form (Rev. March 2022)

Department of the Treasury — Internal Revenue Service

950122

OMB No. 1545-0029

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	1
Name (not your trade name)		Township of Tuscarora									
Trade name (if any)											
Address	PO Box 220		Number		Street		Suite or room number				
	Indian River		MI		49749						
	City		State		ZIP code						
	Foreign country name		Foreign province/county		Foreign postal code						

Report for this Quarter of 2022 (Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1)	1	25																																						
2	Wages, tips, and other compensation	2	209358 . 11																																						
3	Federal income tax withheld from wages, tips, and other compensation	3	19067 . 35																																						
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																																							
<table border="0"> <thead> <tr> <th style="text-align: center;">Column 1</th> <th style="text-align: center;">Column 2</th> </tr> </thead> <tbody> <tr> <td>5a Taxable social security wages*</td> <td>209358 . 11 × 0.124 = 25960 . 41</td> </tr> <tr> <td>5a (i) Qualified sick leave wages*</td> <td>■ × 0.062 = ■</td> </tr> <tr> <td>5a (ii) Qualified family leave wages*</td> <td>■ × 0.062 = ■</td> </tr> <tr> <td>5b Taxable social security tips</td> <td>■ × 0.124 = ■</td> </tr> <tr> <td>5c Taxable Medicare wages & tips.</td> <td>209358 . 11 × 0.029 = 6071 . 39</td> </tr> <tr> <td>5d Taxable wages & tips subject to Additional Medicare Tax withholding</td> <td>■ × 0.009 = ■</td> <td colspan="2" rowspan="2" style="vertical-align: middle;"> <small>*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.</small> </td> </tr> <tr> <td>5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d</td> <td>5e 32031 . 80</td> </tr> <tr> <td>5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)</td> <td>5f</td> <td colspan="2"></td> </tr> <tr> <td>6 Total taxes before adjustments. Add lines 3, 5e, and 5f</td> <td>6 51099 . 15</td> </tr> <tr> <td>7 Current quarter's adjustment for fractions of cents</td> <td>7 . . 02</td> </tr> <tr> <td>8 Current quarter's adjustment for sick pay</td> <td>8 . .</td> </tr> <tr> <td>9 Current quarter's adjustments for tips and group-term life insurance</td> <td>9 . .</td> </tr> <tr> <td>10 Total taxes after adjustments. Combine lines 6 through 9</td> <td>10 51099 . 13</td> </tr> <tr> <td>11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974</td> <td>11a</td> </tr> <tr> <td>11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021</td> <td>11b</td> </tr> <tr> <td>11c Reserved for future use</td> <td>11c</td> </tr> </tbody> </table>				Column 1	Column 2	5a Taxable social security wages*	209358 . 11 × 0.124 = 25960 . 41	5a (i) Qualified sick leave wages*	■ × 0.062 = ■	5a (ii) Qualified family leave wages*	■ × 0.062 = ■	5b Taxable social security tips	■ × 0.124 = ■	5c Taxable Medicare wages & tips.	209358 . 11 × 0.029 = 6071 . 39	5d Taxable wages & tips subject to Additional Medicare Tax withholding	■ × 0.009 = ■	<small>*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.</small>		5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e 32031 . 80	5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f			6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 51099 . 15	7 Current quarter's adjustment for fractions of cents	7 . . 02	8 Current quarter's adjustment for sick pay	8 . .	9 Current quarter's adjustments for tips and group-term life insurance	9 . .	10 Total taxes after adjustments. Combine lines 6 through 9	10 51099 . 13	11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	11c Reserved for future use	11c
Column 1	Column 2																																								
5a Taxable social security wages*	209358 . 11 × 0.124 = 25960 . 41																																								
5a (i) Qualified sick leave wages*	■ × 0.062 = ■																																								
5a (ii) Qualified family leave wages*	■ × 0.062 = ■																																								
5b Taxable social security tips	■ × 0.124 = ■																																								
5c Taxable Medicare wages & tips.	209358 . 11 × 0.029 = 6071 . 39																																								
5d Taxable wages & tips subject to Additional Medicare Tax withholding	■ × 0.009 = ■	<small>*Include taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in 2022 for leave taken after March 31, 2020, and before April 1, 2021.</small>																																							
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e 32031 . 80																																								
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f																																								
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 51099 . 15																																								
7 Current quarter's adjustment for fractions of cents	7 . . 02																																								
8 Current quarter's adjustment for sick pay	8 . .																																								
9 Current quarter's adjustments for tips and group-term life insurance	9 . .																																								
10 Total taxes after adjustments. Combine lines 6 through 9	10 51099 . 13																																								
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a																																								
11b Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b																																								
11c Reserved for future use	11c																																								

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name) Township of Tuscarora	Employer identification number (EIN) 38-1812031
---	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages	<input type="checkbox"/> Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year	<input type="checkbox"/> Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021	19 <input type="checkbox"/>
20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021	20 <input type="checkbox"/>
21 Reserved for future use	21 <input type="checkbox"/>
22 Reserved for future use	22 <input type="checkbox"/>
23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021	23 <input type="checkbox"/>
24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23	24 <input type="checkbox"/>
25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23	25 <input type="checkbox"/>
26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021	26 <input type="checkbox"/>
27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26	27 <input type="checkbox"/>
28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26	28 <input type="checkbox"/>

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your
name here

<input type="text"/>

Print your
name here

Dawn M Webb

Print your
title here

Clerk

Date / /

Best daytime phone 231-238-0970

Paid Preparer Use Only

Preparer's name	<input type="text"/>	<input type="checkbox"/> Check if you're self-employed	<input type="checkbox"/>
Preparer's signature	<input type="text"/>	PTIN	<input type="text"/>
Firm's name (or yours if self-employed)	<input type="text"/>	Date	<input type="text"/> / <input type="text"/>
Address	<input type="text"/>	EIN	<input type="text"/>
City	<input type="text"/>	Phone	<input type="text"/>
		ZIP code	<input type="text"/>

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

Employer identification number
(EIN)

3 8 - 1 8 1 2 0 3 1

Name (not your trade name)

Township of Tuscarora

Calendar year

2 0 2 2

(Also check quarter)

Report for this Quarter...

(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	■	9	■	17	■	25	■
2	■	10	■	18	■	26	■
3	■	11	■	19	■	27	■
4	■	12	■	20	7043 ■ 69	28	■
5	■	13	■	21	■	29	■
6	8034 ■ 22	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 1

15077 ■ 91

Month 2

1	■	9	■	17	6656 ■ 46	25	■
2	■	10	■	18	■	26	■
3	7814 ■ 01	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	■
6	■	14	■	22	540 ■ 62	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 2

15011 ■ 09

Month 3

1	■	9	6915 ■ 01	17	■	25	■
2	■	10	■	18	■	26	■
3	6861 ■ 09	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	7400 ■ 54
8	■	16	■	24	■		

Tax liability for Month 3

21176 ■ 64

Total liability for the quarter

51265 ■ 64

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	
Name (not your trade name)		Tuscarora Township									
Trade name (if any)											
Address		3546 S. Straits Hwy									
Number		Street		Suite or room number							
Indian River				MI		49749					
City				State		ZIP code					
Foreign country name				Foreign province/county						Foreign postal code	

Report for this Quarter of 2021
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	23
2	Wages, tips, and other compensation	2	227570 . 33
3	Federal income tax withheld from wages, tips, and other compensation	3	19114 . 79
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages*	227570 . 33	$\times 0.124 =$ 28218 . 72
5a	(i) Qualified sick leave wages*	■ . ■	$\times 0.062 =$ ■ . ■
5a	(ii) Qualified family leave wages*	■ . ■	$\times 0.062 =$ ■ . ■
5b	Taxable social security tips	■ . ■	$\times 0.124 =$ ■ . ■
5c	Taxable Medicare wages & tips.	227570 . 33	$\times 0.029 =$ 6599 . 54
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■ . ■	$\times 0.009 =$ ■ . ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	34818 . 26
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	■ . ■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	53933 . 05
7	Current quarter's adjustment for fractions of cents	7	■ . ■
8	Current quarter's adjustment for sick pay	8	■ . ■
9	Current quarter's adjustments for tips and group-term life insurance	9	■ . ■
10	Total taxes after adjustments. Combine lines 6 through 9	10	53933 . 05
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	■ . ■
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	■ . ■
11c	Nonrefundable portion of employee retention credit	11c	■ . ■

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name)

Tuscarora Township

Employer identification number (EIN)

381812031

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / ; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

 Dawn M Webb

Print your title here

 Clerk

Date

/ /

Best daytime phone

231-238-2122

Paid Preparer Use Only

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Form 941 for 2021: Employer's QUARTERLY Federal Tax Return
(Rev. June 2021)

Department of the Treasury — Internal Revenue Service

951121

OMB No. 1545-0029

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	1
Name (not your trade name) Tuscarora Township											
Trade name (if any)											
Address PO Box 220											
Number	Street	Suite or room number									
Indian River		MI	49749								
City	State	ZIP code									
Foreign country name		Foreign province/county		Foreign postal code							

Report for this Quarter of 2021
(Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	29
2	Wages, tips, and other compensation	2	241848 . 06
3	Federal income tax withheld from wages, tips, and other compensation	3	21539 . 67
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
Column 1			Column 2
5a	Taxable social security wages*	241848 . 06	$\times 0.124 =$ 29989 . 16
5a	(i) Qualified sick leave wages*	■	$\times 0.062 =$ ■
5a	(ii) Qualified family leave wages*	■	$\times 0.062 =$ ■
5b	Taxable social security tips	■	$\times 0.124 =$ ■
5c	Taxable Medicare wages & tips	241848 . 06	$\times 0.029 =$ 7013 . 59
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	37002 . 75
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	■
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	58542 . 42
7	Current quarter's adjustment for fractions of cents	7	■ . 05
8	Current quarter's adjustment for sick pay	8	■
9	Current quarter's adjustments for tips and group-term life insurance	9	■
10	Total taxes after adjustments. Combine lines 6 through 9	10	58542 . 42
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	■
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	■
11c	Nonrefundable portion of employee retention credit	11c	■

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name) Tuscarora Township	Employer identification number (EIN) 381812031
--	---

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18a If you're a seasonal employer and you don't have to file a return for every quarter of the year Check here.

18b If you're eligible for the employee retention credit solely because your business is a recovery startup business Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses for the employee retention credit 22

23 Qualified sick leave wages for leave taken after March 31, 2021 23

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 25

26 Qualified family leave wages for leave taken after March 31, 2021 26

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 28

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

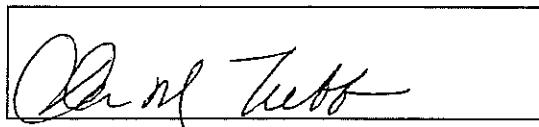
No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Date 10/18/2021

Print your name here

Dawn M. Webb

Print your title here

Clerk

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed

Preparer's name PTIN

Preparer's signature Date /

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

941-0311

OMB No. 1545-0029

Employer identification number (EIN) **3 1** -

Name (not your trade name) **Tuscarora Township**

Calendar year **2 0 2 1**

(Also check quarter)

Report for this Quarter...

(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	■	9	59 ■ 98	17	■	25	■
2	■	10	■	18	■	26	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	69 ■ 08
6	■	14	■	22	8593 ■ 84	30	■
7	■	15	■	23	■	31	■
8	7847 ■ 97	16	■	24	■		

Tax liability for Month 1

16570 ■ 87

Month 2

1	■	9	86 ■ 89	17	■	25	■
2	■	10	■	18	■	26	■
3	■	11	■	19	8771 ■ 38	27	■
4	■	12	■	20	■	28	■
5	8224 ■ 10	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 2

17082 ■ 37

Month 3

1	■	9	■	17	■	25	■
2	9030 ■ 35	10	■	18	■	26	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	7566 ■ 85
7	■	15	■	23	■	31	■
8	■	16	8291 ■ 93	24	■		

Tax liability for Month 3

24889 ■ 13

Total liability for the quarter

58542 ■ 37

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	1
Name (not your trade name)		Township of Tuscarora									
Trade name (if any)											
Address		PO Box 220									
Number		Street		Suite or room number							
Indian River				MI		49749					
City				State		ZIP code					
Foreign country name				Foreign province/county						Foreign postal code	

Report for this Quarter of 2021
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	35
2	Wages, tips, and other compensation	2	227,327 ■ 84
3	Federal income tax withheld from wages, tips, and other compensation	3	20,319 ■ 84
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
		Column 1	Column 2
5a	Taxable social security wages*	227,327 ■ 84	$\times 0.124 =$ 28,188 ■ 65
5a	(i) Qualified sick leave wages*	■	$\times 0.062 =$ ■
5a	(ii) Qualified family leave wages*	■	$\times 0.062 =$ ■
5b	Taxable social security tips	■	$\times 0.124 =$ ■
5c	Taxable Medicare wages & tips.	227,327 ■ 84	$\times 0.029 =$ 6,592 ■ 51
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	■	$\times 0.009 =$ ■
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	34,781 ■ 16
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	0 ■ 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	55,101 ■ 00
7	Current quarter's adjustment for fractions of cents	7	-0 ■ 06
8	Current quarter's adjustment for sick pay	8	0 ■ 00
9	Current quarter's adjustments for tips and group-term life insurance	9	0 ■ 00
10	Total taxes after adjustments. Combine lines 6 through 9	10	55,100 ■ 94
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0 ■ 00
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	0 ■ 00
11c	Nonrefundable portion of employee retention credit	11c	0 ■ 00

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number
(EIN)

3 8 - 1 8 1 2 0 3 1

Name (not your trade name)

Township of Tuscarora

Calendar year

2 0 2 1

(Also check quarter)

Report for this Quarter...

(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	7,435 . 64	9		17		25		Tax liability for Month 1
2		10		18		26		
3		11		19		27		
4		12		20		28		
5		13		21		29	7,686 . 09	
6		14	7,714 . 77	22		30		
7		15		23		31		
8		16		24				

Month 2

1		9		17		25		Tax liability for Month 2
2		10		18		26		
3		11		19		27	7,444 . 46	
4		12		20		28		
5		13	7,600 . 59	21		29		
6		14		22		30		
7		15		23		31		
8		16		24				

Month 3

1		9		17		25		Tax liability for Month 3
2		10	7,935 . 74	18		26		
3		11		19		27		
4		12		20		28		
5		13		21		29		
6		14		22		30		
7		15		23		31		
8		16		24	9,283 . 65			

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

55,100 . 94

Employer identification number (EIN)	3	8	-	1	8	1	2	0	3	1
Name (not your trade name)	Township of Tuscarora									
Trade name (if any)										
Address	PO Box 220									
Number	Street			Suite or room number						
Indian River				mi	49749					
City				State	ZIP code					
Foreign country name				Foreign province/county	Foreign postal code					

Report for this Quarter of 2021
(Check one.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)*

1 | 22

2 Wages, tips, and other compensation 2 179992.11

2 179992.11 .

3 Federal income tax withheld from wages, tips, and other compensation 3 16757.25

3 16757.25 ■

4 If no wages, tips, and other compensation are subject to social security or Medicare tax

Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages . . .	179992.11 .	$\times 0.124 =$ 22319.02 .
5a (i) Qualified sick leave wages . . .	0.00 .	$\times 0.062 =$ 0.00 .
5a (ii) Qualified family leave wages . . .	0.00 .	$\times 0.062 =$ 0.00 .
5b Taxable social security tips . . .	0.00 .	$\times 0.124 =$ 0.00 .
5c Taxable Medicare wages & tips. . .	179992.11 .	$\times 0.029 =$ 5219.77 .
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0.00 .	$\times 0.009 =$ 0.00 .
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		5e 27538.79 .
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see Instructions) . . .		5f 0.00 .
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		6 44296.04 .
7 Current quarter's adjustment for fractions of cents		7 0.07 .
8 Current quarter's adjustment for sick pay		8 0.00 .
9 Current quarter's adjustments for tips and group-term life insurance		9 0.00 .
10 Total taxes after adjustments. Combine lines 6 through 9		10 44296.11 .
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0.00 .
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	0.00 .
11c Nonrefundable portion of employee retention credit from Worksheet 1	11c	0.00 .

► You **MUST** complete all three pages of Form 941 and **SIGN** it.

Next

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number (EIN)

3	8	-	1	8	1	2	0	3	1
---	---	---	---	---	---	---	---	---	---

Name (not your trade name) **Township of Tuscarora**

Calendar year

2	0	2	1
---	---	---	---

(Also check quarter)

Report for this Quarter...

(Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	■	9	■	17	■	25	■
2	■	10	■	18	■	26	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	7284.63	■	29
6	8481.94	■	14	■	22	■	30
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 1

15766.57

Month 2

1	■	9	■	17	■	25	■
2	■	10	■	18	7214.66	■	26
3	■	11	■	19	■	27	■
4	7141.64	■	12	■	20	■	28
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 2

14356.30

Month 3

1	■	9	■	17	■	25	■
2	■	10	■	18	7059.59	■	26
3	■	11	■	19	■	27	■
4	7113.65	■	12	■	20	■	28
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 3

14173.24

Total liability for the quarter

44296.11

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Employer identification number (EIN)	3	8	-	1	8	1	2	0	3	1
Name (not your trade name)	Township of Tuscarora									
Trade name (if any)										
Address	PO Box 220									
Number	Street			Suite or room number						
Indian River				MI		49749				
City				State		ZIP code				
Foreign country name				Foreign province/county		Foreign postal code				

Report for this Quarter of 2020
(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Sept. 12 (Quarter 3) or Dec. 12 (Quarter 4)	1	35
2	Wages, tips, and other compensation	2	238,975 . 36
3	Federal income tax withheld from wages, tips, and other compensation	3	20,666 . 42
4	If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
		Column 1	Column 2
5a	Taxable social security wages . . .	238,975 . 36	$\times 0.124 =$ 29,632 . 94
5a	(i) Qualified sick leave wages . . .	0 . 00	$\times 0.062 =$ 0 . 00
5a	(ii) Qualified family leave wages . . .	0 . 00	$\times 0.062 =$ 0 . 00
5b	Taxable social security tips . . .	0 . 00	$\times 0.124 =$ 0 . 00
5c	Taxable Medicare wages & tips . . .	238,975 . 36	$\times 0.029 =$ 6,930 . 29
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0 . 00	$\times 0.009 =$ 0 . 00
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	36,563 . 23
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .	5f	0 . 00
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	57,229 . 65
7	Current quarter's adjustment for fractions of cents	7	138 . 27
8	Current quarter's adjustment for sick pay	8	0 . 00
9	Current quarter's adjustments for tips and group-term life insurance	9	0 . 00
10	Total taxes after adjustments. Combine lines 6 through 9	10	57,367 . 92
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	0 . 00
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	0 . 00
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	0 . 00

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Name (not your trade name) Township of Tuscarora	Employer identification number (EIN) 38-1812031
---	--

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c	11d 0 . 00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12 57,367 . 92
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a 57,894 . 25
13b Deferred amount of social security tax	13b 0 . 00
13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c 0 . 00
13d Refundable portion of employee retention credit from Worksheet 1	13d 0 . 00
13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e 0 . 00
13f Total advances received from filing Form(s) 7200 for the quarter	13f 0 . 00
13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g 0 . 00
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions	14 0 . 00
15 Overpayment. If line 13g is more than line 12, enter the difference	526 . 33
Check one: <input checked="" type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

3 8 - 1 8 1 2 0 3 1

Name (not your trade name)

Township of Tuscarora

Calendar year

2 0 2 0

(Also check quarter)

Report for this Quarter...

(Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	7,203 ■ 73	9	■	17	■	25	■	Tax liability for Month 1
2	■	10	■	18	■	26	■	23,022 ■ 03
3	■	11	■	19	■	27	■	
4	■	12	■	20	■	28	■	
5	■	13	■	21	■	29	8,398 ■ 59	
6	■	14	■	22	■	30	■	
7	■	15	7419 ■ 59	23	■	31	■	
8	■	16	■	24	■			

Month 2

1	■	9	■	17	■	25	■	Tax liability for Month 2
2	■	10	■	18	■	26	6,913 ■ 01	19,195 ■ 18
3	■	11	■	19	■	27	■	
4	■	12	7,664 ■ 56	20	■	28	4,617 ■ 61	
5	■	13	■	21	■	29	■	
6	■	14	■	22	■	30	■	
7	■	15	■	23	■	31	■	
8	■	16	■	24	■			

Month 3

1	■	9	■	17	■	25	■	Tax liability for Month 3
2	■	10	6,953 ■ 70	18	■	26	■	15,677 ■ 04
3	■	11	■	19	■	27	■	
4	■	12	■	20	■	28	■	
5	■	13	■	21	■	29	■	
6	■	14	■	22	8,723 ■ 34	30	■	
7	■	15	■	23	■	31	■	
8	■	16	■	24	■			

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

57,894 ■ 25

941 for 2020: Employer's QUARTERLY Federal Tax Return

Form (Rev. April 2020)

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)		3	8	-	1	8	1	2	0	3	1
Name (not your trade name) Tuscarora Township											
Trade name (if any)											
Address PO Box 220 Number Street Suite or room number Indian River MI 49749 City State ZIP code											
Foreign country name			Foreign province/county			Foreign postal code					

Report for this Quarter of 2020 (Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Go to www.irs.gov/Form941 for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1 31
2 Wages, tips, and other compensation	2 205,393 ■ 05
3 Federal income tax withheld from wages, tips, and other compensation	3 20,483 ■ 04 31,425 ■ 14
4 If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.

	Column 1	Column 2
5a Taxable social security wages . . .	205,393 ■ 05	$205,393 ■ 05 \times 0.124 =$ 25,468 ■ 74
5a (i) Qualified sick leave wages . . .	0 ■ 00	$0 ■ 00 \times 0.062 =$ 0 ■ 00
5a (ii) Qualified family leave wages . . .	0 ■ 00	$0 ■ 00 \times 0.062 =$ 0 ■ 00
5b Taxable social security tips . . .	0 ■ 00	$0 ■ 00 \times 0.124 =$ 0 ■ 00
5c Taxable Medicare wages & tips. . .	205,393 ■ 05	$205,393 ■ 05 \times 0.029 =$ 5,956 ■ 40
5d Taxable wages & tips subject to Additional Medicare Tax withholding	0 ■ 00	$0 ■ 00 \times 0.009 =$ 0 ■ 00

5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e 31,425 ■ 14
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .	5f 0 ■ 00
6 Total taxes before adjustments. Add lines 3, 5e, and 5f	6 51,908 ■ 18
7 Current quarter's adjustment for fractions of cents	7 -157 ■ 42
8 Current quarter's adjustment for sick pay	8 0 ■ 00
9 Current quarter's adjustments for tips and group-term life insurance	9 0 ■ 00
10 Total taxes after adjustments. Combine lines 6 through 9	10 51,750 ■ 76
11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a 0 ■ 00
11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b 0 ■ 00
11c Nonrefundable portion of employee retention credit from Worksheet 1	11c 0 ■ 00

► You MUST complete all three pages of Form 941 and SIGN it.

Next ►

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z

Form 941 (Rev. 4-2020)

Name (not your trade name) Tuscarora Township	Employer identification number (EIN) 38-1812031
--	--

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages	<input type="checkbox"/> Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year	<input type="checkbox"/> Check here.
19 Qualified health plan expenses allocable to qualified sick leave wages	19 <input type="text"/> 0 . 00
20 Qualified health plan expenses allocable to qualified family leave wages	20 <input type="text"/> 0 . 00
21 Qualified wages for the employee retention credit	21 <input type="text"/> 0 . 00
22 Qualified health plan expenses allocable to wages reported on line 21	22 <input type="text"/> 0 . 00
23 Credit from Form 5884-C, line 11, for this quarter	23 <input type="text"/> 0 . 00
24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941)	24 <input type="text"/> 0 . 00
25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941)	25 <input type="text"/> 0 . 00

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here



Print your name here

Susan Fisher

Print your title here

Clerk

Date

9/21/20

Best daytime phone

231-238-0970

Paid Preparer Use Only

Check if you're self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

/ /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

960311

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

3	8	-	1	8	1	2	0	3	1
---	---	---	---	---	---	---	---	---	---

Name (not your trade name) **Tuscarora Township**

Calendar year

2	0	2	0
---	---	---	---

 (Also check quarter)

OMB No. 1545-0029

Report for this Quarter...

(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	■	9	■	17	■	25	■	Tax liability for Month 1	
2	■	10	■	18	■	26	■	17,531 ■ 75	
3	■	11	■	19	■	27	■		
4	■	12	■	20	■	28	■		
5	■	13	■	21	■	29	■		
6	■	14	■	22	■	30	■		
7	■	15	■	23	9,118 ■ 48	31	■		
8	8,413 ■ 27	16	■	24	■				

Month 2

1	■	9	■	17	■	25	■	Tax liability for Month 2	
2	■	10	■	18	■	26	■	17,595 ■ 35	
3	■	11	■	19	■	27	■		
4	■	12	■	20	9,725 ■ 84	28	■		
5	■	13	■	21	■	29	■		
6	7,869 ■ 51	14	■	22	■	30	■		
7	■	15	■	23	■	31	■		
8	■	16	■	24	■				

Month 3

1	■	9	■	17	9,052 ■ 76	25	■	Tax liability for Month 3	
2	■	10	■	18	■	26	■	16,623 ■ 66	
3	7,570 ■ 90	11	■	19	■	27	■		
4	■	12	■	20	■	28	■		
5	■	13	■	21	■	29	■		
6	■	14	■	22	■	30	■		
7	■	15	■	23	■	31	■		
8	■	16	■	24	■				

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

51,750 ■ 76

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. DOWNTOWN DEVELOPMENT AUTHORITY 3546 S. STRAITS HWY. PO BOX 220 (231) 238-0970			1 Rents \$	OMB No. 1545-0115	2020 Form 1099-MISC	Miscellaneous Income
			2 Royalties \$			
			3 Other income \$	4 Federal income tax withheld \$		
PAYER'S TIN	RECIPIENT'S TIN [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For State Tax Department	
RECIPIENT'S name, address, ZIP/postal code & county MILLER, CANFIELD, PADDOCK, AND STONE PO BOX 640348 DETROIT MI 48264-0348			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or \$		
			9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
			11	12 Section 409A deferrals \$		
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$ 20800.00		
			15 State tax withheld \$	16 State/Payer's state no.	17 State income \$	
			\$		\$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TWP LIBRARY 3546 S STRAITS HWY INDIAN RIVER, MI (231) 238-0970			1 Rents \$	OMB No. 1545-0115	2020 Form 1099-MISC	Miscellaneous Income
			2 Royalties \$			
			3 Other income \$ 1859.58	4 Federal income tax withheld \$		
PAYER'S TIN	RECIPIENT'S TIN [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For State Tax Department	
RECIPIENT'S name, address, ZIP/postal code & county CLASSIC CLEANING 10701 PARKE RD. ALANSON, MI 49706			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or \$		
			9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
			11	12 Section 409A deferrals \$		
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$		
			15 State tax withheld \$	16 State/Payer's state no.	17 State income \$	
			\$		\$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970			1 Rents \$ 2 Royalties \$ 3 Other income \$ 810.00	OMB No. 1545-0115 2020 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN 38-1812031	RECIPIENT'S TIN		5 Fishing boat proceeds \$ 6 Medical and health care payments \$		Copy 1 For State Tax Department
RECIPIENT'S name, address, ZIP/postal code & county BARB ALGENSTEDT 2743 GILPIN CHEBOYGAN MI 49721			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$	
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$ 15 State tax withheld \$	14 Nonequalified deferred compensation \$ 16 State/Payer's state no. ----- 17 State income \$ -----	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970			1 Rents \$ 2 Royalties \$ 3 Other income \$ 957.83	OMB No. 1545-0115 2020 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN		5 Fishing boat proceeds \$ 6 Medical and health care payments \$		Copy 1 For State Tax Department
RECIPIENT'S name, address, ZIP/postal code & county DECKA DIGITAL 8742 MCBRIDE COURT HARBOR SPRINGS MI 49740			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$	
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$ 15 State tax withheld \$	14 Nonequalified deferred compensation \$ 16 State/Payer's state no. ----- 17 State income \$ -----	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$ 10000.00	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN 38-1812031	RECIPIENT'S TIN 27-1366153	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county GREAT LAKES FIREWORKS 24805 MARINE EASTPOINTE MI 48021		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$
		15 State tax withheld \$	16 State/Payer's state no. 38-1812031 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous
Income

Copy 1
For State Tax
Department

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$ 5000.00	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county HILL MOUNTAIN SIGNWORKS 6455 PICKEREL LAKE ROAD PETOSKEY MI 49770		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$
		15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous
Income

Copy 1
For State Tax
Department

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$ 3840.00	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN 38-1812031	RECIPIENT'S TIN 38-3198403	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county K & J SEPTIC SERVICE 2560 RIVER ROAD PETOSKEY MI 49770		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$
		15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous
Income

Copy 1
For State Tax
Department

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county KIRK & HUTH, P.C. ATTORNEYS AT LAW 19500 HALL RD., SUITE 100 CLINTON TWP. MI 48038		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$ 2031.25
		15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous
Income

Copy 1
For State Tax
Department

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970			1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county MCGRAW MORRIS P.C. 2075 WEST BIG BEAVER, STE. 750 TROY MI 48084			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$ 2162.50
			15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

**Miscellaneous
Income**

**Copy 1
For State Tax
Department**

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970			1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2020 Form 1099-MISC
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, address, ZIP/postal code & county MILLER, CANFIELD, PADDOCK, AND STONE PO BOX 640348 DETROIT MI 48264-0348			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)		FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$ 29000.00
			15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

**Miscellaneous
Income**

**Copy 1
For State Tax
Department**

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4815.52	OMB No. 1545-0115 2020 Form 1099-MISC
---	--	--	---

Miscellaneous Income

PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$
---------------------------	-------------------------------	-------------------------------	--

**Copy 1
For State Tax Department**

RECIPIENT'S name, address, ZIP/postal code & county BRUCE THOMPSON 2063 MILLER ROAD ALANSON MI 49706		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$
		15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. TUSCARORA TOWNSHIP PO BOX 220 INDIAN RIVER, MI 49749 (231) 238-0970		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4989.17	OMB No. 1545-0115 2020 Form 1099-MISC
---	--	--	---

Miscellaneous Income

PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$
---------------------------	-------------------------------	-------------------------------	--

**Copy 1
For State Tax Department**

RECIPIENT'S name, address, ZIP/postal code & county CLASSIC CLEANING 10701 PARKE RD. ALANSON, MI 49706		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 9 Crop insurance proceeds \$ 11	8 Substitute payments in lieu of dividends or \$ 10 Gross proceeds paid to an attorney \$ 12 Section 409A deferrals \$
Account number (see instructions)	FATCA filing requiremen <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonequalified deferred compensation \$
		15 State tax withheld \$	16 State/Payer's state no. 17 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

03/04/2023

VENDOR ACTIVITY REPORT FOR TUSCARORA TOWNSHIP
Activity From 07/01/2020 To 06/30/2021

Vendor Code Post Date	Vendor Name	Activity	Inv/Check #	Description	1099	Invoice Amt	Check Amt	Description	W/C
00016	AAA STEVE'S LOCK & SAFE			Total: Net of 1 Invoices / 1 Checks	124.00 0.00	124.00 0.00		Bldg services	Yes
00017	ACCIDENT FUND OF MICHIGAN			Total: Net of 2 Invoices / 2 Checks	20,294.00 0.00	20,294.00 0.00		Insurance	no
00024	ALERUS FINANCIAL			Total: Net of 13 Invoices / 13 Checks	6,308.62 0.00	6,308.62 0.00		Retirement	no
00025	BARB ALGENSTEDT			Total: Net of 4 Invoices / 3 Checks	360.00 60.00	300.00 0.00		Blood draws	no
00029	ALPENA OIL COMPANY			Total: Net of 24 Invoices / 24 Checks	9,173.82 148.44	9,025.38 0.00		Fuel	no
00033	AMERICAN LIBRARY ASSOCIATION			Total: Net of 1 Invoices / 1 Checks	112.00 0.00	112.00 0.00		Dues	no
00039	APEX SOFTWARE			Total: Net of 1 Invoices / 1 Checks	330.00 0.00	330.00 0.00		Software	no
00040	AQUA IRRIGATION AND LANDSCAPE			Total: Net of 3 Invoices / 2 Checks	472.60 0.00	472.60 0.00		Irrigation	yes
00046	AT&T			Total: Net of 2 Invoices / 2 Checks	247.68 0.00	529.61 281.93		telephone	no
00059	BEAR CLAW BAGS			Total: Net of 1 Invoices / 1 Checks	436.00 0.00	436.00 0.00		supplies	no
00069	BLARNEY CASTLE OIL CO			Total: Net of 6 Invoices / 4 Checks	4,861.49 0.00	5,443.47 581.98		fuel	no
00071	BLUE CHIP CLEANING			Total: Net of 3 Invoices / 4 Checks	635.00 0.00	860.00 225.00		window cleaning	yes

00074	BOBBI BALAZOVIC	Total:	46.19	46.19	office supplies	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00075	BOBCAT OF LANSING	Total:	326.20	326.20	parks supplies	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00080	BRANDON BLUMKE	Total:	707.78	707.78	uniform	no
		Net of 3 Invoices / 3 Checks	0.00	0.00		
00081	BRIDGEWATER EXCAVATING	Total:	10,000.00	10,000.00	hauling	yes
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00085	BROWN MOTORS,INC.	Total:	217.03	217.03	R&M offsite	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00086	BS&A SOFTWARE	Total:	5,922.00	5,922.00	software	no
		Net of 4 Invoices / 4 Checks	0.00	0.00		
00091	BURT LAKE MARINA	Total:	10,580.95	10,580.95	F/S and supplies	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00093	CAR QUEST AUTO PARTS	Total:	10,984.32	10,984.32	R&M parts	no
		Net of 163 Invoices / 26 Checks	0.00	0.00		
00094	CARDMEMBER SERVICE	Total:	10,874.20	6,316.47	cc	no
		Net of 7 Invoices / 5 Checks	4,557.73	0.00		
00098	CHEBOYGAN CTY. HUMANE SOCIETY	Total:	900.00	900.00	donation	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00101	CHEBOYGAN COUNTY	Total:	0.00	425.92	taxes	no
		Net of 0 Invoices / 1 Checks	0.00	425.92		
00102	CHEB. CTY. ROAD COMM.	Total:	2,427,387.08	2,427,387.08	road work	no
		Net of 17 Invoices / 14 Checks	0.00	0.00		
00104	CENTER POINT LARGE PRINT	Total:	467.94	638.10	printing	no
		Net of 11 Invoices / 12 Checks	0.00	170.16		
00106	WALTER CHAMBERLAIN	Total:	2,100.00	2,100.00	uniform	no
		Net of 6 Invoices / 6 Checks	0.00	0.00		

00108	CHASKEY'S SEPTIC SERVICE, IN.	Total:	525.00	525.00	porta johns	yes
		Net of 2 Invoices / 3 Checks	0.00	0.00		
00111	CHEBOYGAN CTY. TREASURER	Total:	226.65	3,868,342.89		no
		Net of 4 Invoices / 14 Checks	0.00	3,868,116.24		
00114	MICHAEL CHERVENY	Total:	100.00	100.00	per diem	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00116	CHEBOYGAN COUNTY PLANNING	Total:	165.00	165.00	permit	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00121	CHRIS KINDSVATTER	Total:	650.00	650.00	equipment	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00122	CINCINNATI LIFE INSURANCE CO.	Total:	1,578.25	1,578.25	insurance	no
		Net of 5 Invoices / 5 Checks	0.00	0.00		
00124	CITIZENS NATIONAL BANK	Total:	263,630.21	263,630.21	bank fees	no
		Net of 9 Invoices / 9 Checks	0.00	0.00		
00125	CIVIC PLUS	Total:	1,041.86	1,041.86	software	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00126	CLASSIC CLEANING	Total:	7,546.25	7,820.00	cleaning svcs	yes
		Net of 38 Invoices / 31 Checks	0.00	273.75		
00132	COMMON ANGLE, INC.	Total:	600.00	650.00	IT backup	no
		Net of 11 Invoices / 11 Checks	0.00	50.00		
00135	CONSUMER REPORTS	Total:	29.51	29.51	subscription	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00136	CONSUMERS ENERGY	Total:	97,161.46	96,808.62	utilities	no
		Net of 384 Invoices / 48 Checks	352.84	0.00		
00143	JAY CURTIS	Total:	68.40	68.40	parts	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00145	CRAIG M. WALDRON					
11/30/2020	INVOICE	113020	PLANNING COMM PER DIEM	N	20.00	0.00
12/04/2020	CHECK	GNCHK 31507		N	0.00	20.00 per diem
						no

		Total:	20.00	-----		
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00150	DAN'S AUTO REPAIR					
		Total:	2,137.07	-----		
		Net of 4 Invoices / 2 Checks	736.34	1,400.73	R&M vehicles	no
00152	TUSCARORA TOWNSHIP DDA			0.00		
		Total:	0.00	111,212.76	DDA	no
		Net of 0 Invoices / 2 Checks	0.00	111,212.76		
00154	DECKA DIGITAL					
		Total:	1,745.32	-----		
		Net of 6 Invoices / 6 Checks	0.00	1,745.32	printing	no
00157	CHRISTOPHER DIEHL					
		Total:	1,599.83	-----		
		Net of 4 Invoices / 5 Checks	0.00	2,180.98	uniform	no
00164	DTE ENERGY					
		Total:	4,333.78	-----		
		Net of 12 Invoices / 12 Checks	124.00	4,209.78	utilities	no
00169	ELLSWORTH FARMERS EXCHANGE					
		Total:	1,008.10	-----		
		Net of 5 Invoices / 5 Checks	0.00	1,008.10	supplies	no
00171	EMERY-PRATT					
		Total:	1,285.38	-----		
		Net of 10 Invoices / 11 Checks	0.00	2,580.44	books	no
00176	EMMET COUNTY					
		Total:	845.25	-----		
		Net of 11 Invoices / 11 Checks	0.00	941.85	clean up vouchers	no
00183	FERRELLGAS					
		Total:	3,830.74	-----		
		Net of 8 Invoices / 8 Checks	0.00	3,830.74	propane	no
00187	SUSAN FISHER					
		Total:	70.66	-----		
		Net of 2 Invoices / 2 Checks	0.00	70.66	supplies	no
00190	FOSTER SWIFT					
		Total:	1,932.00	-----		
		Net of 6 Invoices / 6 Checks	0.00	1,932.00	Legal - offsite	no
00192	FULLFORD SURVEYING					
		Total:	460.00	-----		
		Net of 1 Invoices / 1 Checks	0.00	460.00	land work	yes
00196	GABRIDGE & COMPANY, PLC					
		Total:	7,885.00	-----		
		Net of 3 Invoices / 3 Checks	0.00	7,885.00	acctg offsite	no
00199	GINOP SALES, INC.					

		Total:	3,298.06	3,523.29	parts	no
		Net of 15 Invoices / 11 Checks	0.00	225.23		
00209	GREAT LAKES ENERGY	Total:	160.60	160.60	utilities	no
		Net of 12 Invoices / 12 Checks	0.00	0.00		
00214	GREAT LAKES FIREWORKS	Total:	10,000.00	10,000.00	fireworks	yes
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00218	HACH COMPANY	Total:	770.00	770.00	speed guns	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00221	HAVILAND PRODUCTS COMPANY	Total:	1,896.20	1,896.20	supplies	no
		Net of 3 Invoices / 3 Checks	0.00	0.00		
00226	HILL MOUNTAIN SIGNWORKS	Total:	15,167.00	15,167.00	signage	yes
		Net of 3 Invoices / 4 Checks	0.00	0.00		
00233	INDIAN RIVER SPORTS CENTER	Total:	1,500.00	1,500.00	equip rental	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00239	INDIAN RIVER CHAMBER OF COMMERCE	Total:	150.00	150.00	dues	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00242	IR ELECTRIC MOTOR SERVICE	Total:	0.00	199.50	R&M motor	no
		Net of 0 Invoices / 1 Checks	0.00	199.50		
00246	INTERNAL REVENUE SERVICE	Total:	73.66	73.66	tax	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00247	INDIAN RIVER TOWING	Total:	80.00	80.00	towing	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00250	JACKSON NATIONAL LIFE INSURANCE	Total:	85.23	85.23	insurance	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00253	KATHIE JEWELL	Total:	832.95	832.95	insurance	no
		Net of 4 Invoices / 5 Checks	0.00	0.00		
00254	JEFF JOHNSON	Total:	500.00	500.00	uniform	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00255	JUNIOR LIBRARY GUILD					

		Total:	915.05	915.05	books	
		Net of 2 Invoices / 2 Checks	0.00	0.00		no
00256	K & J SEPTIC SERVICE					
		Total:	3,840.00	3,840.00	porta johns	yes
		Net of 12 Invoices / 12 Checks	0.00	0.00		
00259	KELLY ASHFORD					
		Total:	40.00	40.00	per diem	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00260	KEN'S VILLAGE MARKET					
		Total:	84.09	74.98	supplies	no
		Net of 3 Invoices / 2 Checks	9.11	0.00		
00262	KIRK & HUTH, P.C.					
		Total:	7,562.50	7,562.50	legal services offsite	no
		Net of 10 Invoices / 10 Checks	0.00	0.00		
00265	KSS ENTERPRISES					
		Total:	3,112.03	3,112.03	supplies	no
		Net of 13 Invoices / 11 Checks	0.00	0.00		
00270	STACY LALONDE					
		Total:	500.00	500.00	uniform	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00275	LAW ENFORCEMENT SYSTEMS, INC.					
		Total:	125.00	125.00	police supplies	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00297	MCGRAW MORRIS P.C.					
		Total:	9,975.00	9,975.00	legal services offsite	no
		Net of 6 Invoices / 6 Checks	0.00	0.00		
00300	MICH DEPT ENV QUALITY					
		Total:	4,174.30	4,174.30	permits	no
		Net of 2 Invoices / 3 Checks	0.00	0.00		
00302	STATE OF MICHIGAN					
		Total:	50.00	50.00	permits	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00303	MEAD & HUNT					
		Total:	77,689.03	71,489.03	Sewer	yes
		Net of 11 Invoices / 10 Checks	6,200.00	0.00		
00322	MILAN SUPPLY COMPANY					
		Total:	82.31	82.31	supplies	no
		Net of 2 Invoices / 3 Checks	0.00	0.00		
00323	MILLER,CANFIELD, PADDOCK,					
		Total:	43,300.00	49,800.00	legal services offsite	no
		Net of 2 Invoices / 3 Checks	0.00	6,500.00		
00328	MISS DIG SYSTEMS, INC.					

		Total:	1,116.00	1,116.00	subscription	no
00332	MICHIGAN LAKE PRODUCTS	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	700.00	700.00	supplies	no
00333	M&M PLUMBING	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	1,803.13	1,803.13	plumbing	yes
00336	MICHIGAN TOWNSHIP ASSOC.	Net of 4 Invoices / 4 Checks	0.00	0.00		
		Total:	4,271.31	4,246.31	dues	no
00338	MUNICIPAL ADVISORY COUNCIL OF MI	Net of 2 Invoices / 1 Checks	25.00	0.00		
		Total:	500.00	500.00	dues	no
00339	MUNICIPAL EMP. RETIREMENT	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	148,656.74	148,656.74	Retirement	no
00340	MUNICIPAL UNDERWRITERS	Net of 13 Invoices / 12 Checks	0.00	0.00		
		Total:	22,780.00	22,780.00	insurance	no
00348	NEMCOG	Net of 3 Invoices / 3 Checks	0.00	0.00		
		Total:	958.00	958.00	dues	no
00351	DAN NIVELT	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	60.00	60.00	per diem	no
00352	N.M.A.C.P.	Net of 2 Invoices / 2 Checks	0.00	0.00		
		Total:	75.00	75.00	dues	no
00355	NORTH STAR GARDENS	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	1,962.00	1,962.00	supplies	no
00356	NORTHERN A-1	Net of 2 Invoices / 2 Checks	0.00	0.00		
		Total:	9,947.71	14,787.71	services	yes
00362	NORTHLAND LIBRARY COOPERATIVE	Net of 2 Invoices / 3 Checks	0.00	4,840.00		
		Total:	3,824.18	3,824.18	dues	no
00366	NYE UNIFORM COMPANY	Net of 3 Invoices / 3 Checks	0.00	0.00		
		Total:	2,447.09	2,447.09	uniforms	no
00368	OSTLUND PEST CONTROL NORTH, INC.	Net of 13 Invoices / 7 Checks	0.00	0.00		

		Total:	75.00	75.00	pest control	yes
00373	PAT & GARY'S PARTY STORE	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	172.00	172.00	ammo	no
00374	PAT & GARY'S PARTY STORE II	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	835.65	835.65	propane	no
00379	PITNEY BOWES, INC.	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	2,308.77	2,308.77	postage	no
00380	PITNEY BOWES PURCHASE POWER	Net of 6 Invoices / 5 Checks	0.00	0.00		
		Total:	1,468.82	1,468.82	postage	no
00383	PONTEM	Net of 3 Invoices / 3 Checks	0.00	0.00		
		Total:	390.00	390.00	software	no
00385	POLLARD'S QUICK LUBE	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	14,115.99	14,066.55	R&M vehicles	yes
00389	PRESQUE ISLE ELEC. COOP.	Net of 20 Invoices / 11 Checks	49.44	0.00		
		Total:	442.70	442.70	utilities	no
00391	PRINTING SYSTEMS	Net of 11 Invoices / 11 Checks	0.00	0.00		
		Total:	371.07	371.07	printing	no
00393	JIM PURTILL	Net of 3 Invoices / 3 Checks	0.00	0.00		
		Total:	59.69	59.69	insurance	no
00400	RENTAL EXPRESS	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	2,181.12	2,334.05	rentals/propane	no
00403	MIKE RIDLEY	Net of 18 Invoices / 13 Checks	0.00	152.93		
		Total:	301.56	301.56	reimbursements	no
00409	JOHN SCHAMS	Net of 5 Invoices / 5 Checks	0.00	0.00		
		Total:	100.00	100.00	per diem	no
00410	SCREENGRAPHICS	Net of 2 Invoices / 2 Checks	0.00	0.00		
		Total:	224.50	224.50	printing	no
00417	STATE OF MICHIGAN	Net of 2 Invoices / 2 Checks	0.00	0.00		

		Total:	0.00	377.42		
		Net of 0 Invoices / 1 Checks	0.00	377.42		
00419	SOUTH SIDE AUTO					
		Total:	438.50	438.50	Signage	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00423	STANDARD INSURANCE COMPANY					
		Total:	4,860.12	4,860.12	insurance	no
		Net of 12 Invoices / 12 Checks	0.00	0.00		
00426	STATE OF MICHIGAN - MESC					
		Total:	3,201.98	3,177.98	taxes	no
		Net of 7 Invoices / 4 Checks	24.00	0.00		
00431	STRAITSLAND PUBLISHING					
		Total:	2,341.80	2,370.60	publicagtion	no
		Net of 15 Invoices / 13 Checks	0.00	28.80		
00437	TELE-RAD INC					
		Total:	8,738.00	8,738.00	IT equipment	no
		Net of 2 Invoices / 1 Checks	0.00	0.00		
00438	GORDON TEMPLE JR					
		Total:	1,741.07	1,567.44	reimbursements	no
		Net of 9 Invoices / 8 Checks	173.63	0.00		
00442	BRUCE THOMPSON					
		Total:	4,081.16	4,081.16	Cemetery	yes
		Net of 9 Invoices / 8 Checks	0.00	0.00		
00443	JOHN THOMPSON					
		Total:	100.00	100.00	per diem	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00449	TRANSAMERICA LIFE					
		Total:	1,123.92	1,123.92	insurance	no
		Net of 5 Invoices / 4 Checks	0.00	0.00		
00450	TRAVERSE AREA DISTRICT LIBRARY					
		Total:	300.00	300.00	website	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00453	TELEPHONE SUPPORT SYSTEMS					
		Total:	75.00	75.00	telephone support	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00456	TUSCARORA FIRE DEPARTMENT					
		Total:	177,205.00	177,205.00	Fire protection	yes
		Net of 8 Invoices / 7 Checks	0.00	0.00		
00457	TUSCARORA TOWNSHIP POLICE					
		Total:	184.74	184.74	utilities	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00459	USA BLUE BOOK					

		Total:	6,085.16	5,422.91	supplies	
		Net of 11 Invoices / 7 Checks	662.25	0.00		no
00461	USIC LOCATING SERVICES, LLC	Total:	4,051.00	4,343.63	locating svcs	yes
		Net of 11 Invoices / 12 Checks	0.00	292.63		
00462	U.S. POSTAL SERVICE	Total:	2,756.00	2,756.00	postage/PO Box	no
		Net of 5 Invoices / 5 Checks	0.00	0.00		
00463	UNITED STATES TREASURY	Total:	163.44	163.44	tax	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00465	VANS BUSINESS MACHINE	Total:	1,350.03	1,465.41	copier metering	no
		Net of 23 Invoices / 15 Checks	0.00	115.38		
00466	VERIZON WIRELESS	Total:	1,816.94	1,662.75	mobile phone	no
		Net of 13 Invoices / 12 Checks	154.19	0.00		
00473	WHITE PINE ELECTRIC, INC.	Total:	1,448.34	1,448.34	services	yes
		Net of 4 Invoices / 4 Checks	0.00	0.00		
00476	WORLD BOOK, INC.	Total:	584.00	584.00	books	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00479	DEMCO	Total:	290.73	290.73	supplies	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00481	MOTION PICTURE LICENSING CORP	Total:	282.00	282.00	library materials	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00485	MICHIGAN AGRIBUSINESS SOLUTIONS	Total:	9,826.00	9,826.00	sewer testing & permits	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00490	KCI	Total:	5,438.42	5,476.62	printing	no
		Net of 6 Invoices / 6 Checks	0.00	38.20		
00491	THOMAS SNYDER	Total:	1,500.00	1,500.00	barn rent	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00496	MICHIGAN LIBRARY ASSOCIATION	Total:	190.00	190.00	conference	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00499	I.T. RIGHT					

		Total:	6,473.66	6,473.66	IT services	yes
00504	PRECISION CARTRIDGE, INC.	Net of 6 Invoices / 5 Checks	0.00	0.00		
		Total:	1,740.67	1,740.67	ammo	no
00505	CORELOGIC	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	0.00	5,865.14	subscription	no
00507	BOOK SYSTEMS, INC.	Net of 0 Invoices / 2 Checks	0.00	5,865.14		
		Total:	1,485.00	1,485.00	DB support	no
00509	WOLVERINE POWER SYSTEMS	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	1,527.15	1,527.15	generator svc	yes
00510	SAULT-CHEBOYGAN MEDIA GROUP	Net of 5 Invoices / 3 Checks	0.00	0.00		
		Total:	50.10	50.10	publications	no
00513	CHARTER COMMUNICATIONS	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	5,462.85	5,462.85	utilities	no
00515	TEMPERATURE CONTROL, INC.	Net of 36 Invoices / 28 Checks	0.00	0.00		
		Total:	7,533.52	6,111.35	HVAC	yes
00516	SURE CROP	Net of 4 Invoices / 4 Checks	1,422.17	0.00		
		Total:	3,723.81	3,723.81	supplies	no
00517	TANNER ELECTRIC, INC.	Net of 2 Invoices / 2 Checks	0.00	0.00		
		Total:	2,749.75	2,749.75	sewer services	yes
00519	MUNSON HEALTHCARE OMH MEDICAL GROUP	Net of 6 Invoices / 5 Checks	0.00	0.00		
		Total:	45.00	45.00	drug screen	no
00520	GFL ENVIRONMENTAL USA, INC.	Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	2,819.68	2,694.89	utilities	no
00523	KNOW BUDDY RESOURCES	Net of 12 Invoices / 12 Checks	124.79	0.00		
		Total:	189.50	189.50	books	no
00525	JANET MYERSON	Net of 2 Invoices / 1 Checks	0.00	0.00		
		Total:	1,579.40	1,579.40	uniform	no
00526	OMNI SITE	Net of 4 Invoices / 4 Checks	0.00	0.00		

		Total:	768.00	768.00	utilities	
		Net of 1 Invoices / 1 Checks	0.00	0.00		no
00528	INLAND LAKE SCHOOLS					
		Total:	0.00	2,906,370.43	tax	
		Net of 0 Invoices / 5 Checks	0.00	2,906,370.43		no
00543	WEX BANK					
		Total:	1,884.19	2,090.50	fuel	
		Net of 10 Invoices / 11 Checks	0.00	206.31		o
00544	PERFORMANCE ENGINEERS, INC.					
		Total:	1,421.50	2,717.00	engineering	
		Net of 1 Invoices / 2 Checks	0.00	1,295.50		yes
00559	DAVID HILL					
		Total:	255.50	255.50	supplies	
		Net of 1 Invoices / 1 Checks	0.00	0.00		no
00561	SMART APPLE MEDIA					
		Total:	517.02	517.02	books	
		Net of 2 Invoices / 1 Checks	0.00	0.00		no
00562	LORETTA ERDMANN					
		Total:	28.49	28.49	reimbursements	
		Net of 1 Invoices / 1 Checks	0.00	0.00		no
00564	SUMMIT COMPANIES					
		Total:	266.97	102.67	fire extinguishers	
		Net of 3 Invoices / 2 Checks	164.30	0.00		yes
00567	STRIKER SUPPLY					
		Total:	184.50	184.50	parks supplies	
		Net of 3 Invoices / 3 Checks	0.00	0.00		no
00569	TRAVIS J ELOWSKY O.D.					
		Total:	135.00	135.00	eye exam	
		Net of 1 Invoices / 1 Checks	0.00	0.00		no
00573	QUALITY SEAL COATING					
		Total:	6,000.00	6,000.00	services	
		Net of 2 Invoices / 2 Checks	0.00	0.00		yes
00579	AMERICAN LEGAL PUBLISHING CORP					
		Total:	2,010.00	2,010.00	publications	
		Net of 2 Invoices / 2 Checks	0.00	0.00		no
00580	MERCHANT EXCAVATING & SEPTIC SVC, I					
		Total:	1,175.00	1,175.00	sewer maint	
		Net of 2 Invoices / 2 Checks	0.00	0.00		yes
00583	RHADIGAN & SONS, INC.					
		Total:	5,143.17	5,143.17	pass through window	
		Net of 1 Invoices / 1 Checks	0.00	0.00		yes
00584	STATE OF MICHIGAN					

		Total:	276.24	699.09	fee	no
		Net of 2 Invoices / 2 Checks	0.00	422.85		
00585	OHM ADVISORS					
		Total:	160,496.90	160,496.90	street work	yes
		Net of 6 Invoices / 6 Checks	0.00	0.00		
00586	POTTER CONSULTING					
11/30/2020	INVOICE	11232012	TRAVEL EXPENSE	Y	1,113.05	0.00
12/04/2020	CHECK	GNCHK 31517		Y	0.00	1,113.05
		Total:	1,113.05	1,113.05	Consulting	yes
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00588	MESSA					
		Total:	130,034.79	130,034.79	insurance	no
		Net of 28 Invoices / 18 Checks	0.00	0.00		
00592	ELK COUNTRY COMPUTER SERVICES					
		Total:	655.00	655.00	IT services	yes
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00595	ELECTION SOURCE					
		Total:	1,542.53	1,542.53	election supplies	yes
		Net of 7 Invoices / 4 Checks	0.00	0.00		
00597	D&D ELECTRONICS					
		Total:	2,386.85	2,386.85	election supplies	no
		Net of 4 Invoices / 1 Checks	0.00	0.00		
00598	LEIGH ANN SOCHA					
		Total:	540.00	480.00	blood draws	no
		Net of 6 Invoices / 5 Checks	60.00	0.00		
00600	JANE MCGINNIS					
		Total:	60.00	60.00	per diem	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00601	BAKER & TAYLOR					
		Total:	3,194.76	3,194.76	books	no
		Net of 18 Invoices / 9 Checks	0.00	0.00		
00602	BARBER & SONS, INC.					
		Total:	330.64	330.64	supplies	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
		Total:	0.00	96.16	supplies	no
		Net of 0 Invoices / 1 Checks	0.00	96.16		
00604	NMLETG					
		Total:	250.00	250.00	dues	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
00605	TRACE ANALYTICAL LABORATORIES, INC.					
		Total:	1,573.00	1,573.00	lab testing	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		

00606	KUHLMAN CORP	Total: Net of 14 Invoices / 4 Checks	18,681.70 0.00	18,681.70 0.00	equipment rental	no
00608	JAMES ANGLEWICZ	Total: Net of 2 Invoices / 2 Checks	145.76 0.00	145.76 0.00	supplies	no
00609	SPORTABLE SCOREBOARDS	Total: Net of 1 Invoices / 1 Checks	9,384.01 0.00	9,384.01 0.00	scoreboard	no
00610	HELEN MILLER	Total: Net of 5 Invoices / 5 Checks	329.30 0.00	329.30 0.00	reimbursements	no
00611	MICHIGAN CHAMBER OF COMMERCE	Total: Net of 1 Invoices / 1 Checks	100.50 0.00	100.50 0.00	posters	no
00612	DROST LANDSCAPE INC	Total: Net of 3 Invoices / 3 Checks	1,720.61 0.00	1,720.61 0.00	landscaping	yes
00613	CHRISTMAS IN INDIAN RIVER	Total: Net of 1 Invoices / 1 Checks	1,000.00 0.00	1,000.00 0.00	promotions	no
00615	MASON COUNTY DISTRICT LIBRARY	Total: Net of 1 Invoices / 1 Checks	13.00 0.00	13.00 0.00	books	no
00616	SMAC CONSTRUCTION TESTING	Total: Net of 1 Invoices / 1 Checks	2,274.00 0.00	2,274.00 0.00	technician	yes
00617	PRO-VISION VIDEO SYSTEMS	Total: Net of 1 Invoices / 1 Checks	3,141.00 0.00	3,141.00 0.00	cameras	no
00618	TIM DANIEL	Total: Net of 1 Invoices / 1 Checks	600.00 0.00	600.00 0.00	permit	no
00619	BUNKER SERVICES	Total: Net of 5 Invoices / 4 Checks	834.50 0.00	834.50 0.00	rink services	no
00620	DOUG SCHOFIELD	Total: Net of 2 Invoices / 2 Checks	119.16 0.00	119.16 0.00	reimbursements	no
00622	DOLLY RODRIGUEZ	Total: Net of 1 Invoices / 1 Checks	23.10 0.00	23.10 0.00	reimbursements	no

00623	CHIPPEWA RIVER DISTRICT LIBRARY						
		Total:	17.99	17.99	books		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00624	FARMCO DISTRIBUTING INC						
		Total:	1,605.87	1,605.87	sprayer		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00625	SHORELINE STEEL INC						
03/15/2021	INVOICE	19270	SHEET PILING, RODS, CAP, C-CHANNEL	N	30,874.66	0.00	
03/15/2021	CHECK	GNCHK 31957		N	0.00	30,874.66	
		Total:	30,874.66	30,874.66	materials	??	
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00626	TOP O'MICHIGAN INS-PETOSKEY						
		Total:	558.00	558.00	insurance		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00627	DAWN WEBB						
		Total:	40.00	40.00	reimbursements		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00628	MIDAMERICA BOOKS						
		Total:	396.06	396.06	books		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00629	BUILTRITE BLEACHERS						
04/20/2021	INVOICE	47337-I	BLEACHERS, TRANSPORT KIT AND PARTS	N	34,995.00	0.00	
04/20/2021	CHECK	GNCHK 32177		N	0.00	34,995.00	
		Total:	34,995.00	34,995.00	materials	??	
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00630	BEN A. HINMON						
04/26/2021	INVOICE	1	50% PAYMENT FOR ART PROJECT	N	3,375.00	0.00	
04/26/2021	CHECK	GNCHK 32179		N	0.00	3,375.00	
		Total:	3,375.00	3,375.00	Art		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00631	MICHIGAN LIBRARY ASSOC						
		Total:	229.54	229.54	dues		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00632	MARY HUGHEY						
		Total:	21.37	21.37	supplies		no
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00633	MICHAEL MORELL						
		Total:	315.00	315.00	Consulting		yes
		Net of 1 Invoices / 1 Checks	0.00	0.00			
00634	PRESQUE ISLE COUNTY SHERIFF'S DEPT						
		Total:	440.50	440.50	utilities		no
		Net of 2 Invoices / 2 Checks	0.00	0.00			

00635	A&M LOGISTICS LLC	Total:	1,500.00	1,500.00	materials	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00636	PRO COMM INC.	Total:	675.50	675.50	IT install	yes
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00637	NORTH STAR STONE	Total:	2,289.58	2,289.58	materials	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00638	ROSE SEPTIC SERVICES	Total:	1,200.00	1,200.00	septic	yes
		Net of 1 Invoices / 1 Checks	0.00	0.00		
00641	FAY MARTIN RESORT					
06/01/2021	INVOICE	06012021	SEA WALL GRAVEL	Y	800.00	0.00
			Total:	800.00	0.00	materials
			Net of 1 Invoices / 0 Checks	800.00	0.00	

MISC

VENDOR ACTIVITY REPORT FOR TUSCARORA TOWNSHIP
Activity From 07/01/2021 To 06/30/2022

	Total:	1,950.15	1,675.15	reimbursement	no
BRIDGEWATER EXCAVATING	Net of 5 Invoices / 3 Checks	275.00	0.00		
	Total:	1,300.00	1,300.00	materials	no
	Net of 2 Invoices / 1 Checks	0.00	0.00		
BS&A SOFTWARE					
	Total:	6,090.00	6,090.00	software	no
	Net of 4 Invoices / 4 Checks	0.00	0.00		
JIM BURKE					
	Total:	72.00	0.00	supplies	no
	Net of 1 Invoices / 0 Checks	72.00	0.00		
BURT LAKE MARINA					
	Total:	690.65	690.65	equip r&m	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
CAR QUEST AUTO PARTS					
	Total:	4,354.21	3,691.95	supplies	no
	Net of 173 Invoices / 40 Checks	662.26	0.00		
CARDMEMBER SERVICE					
	Total:	35,149.74	39,707.47	cc	no
	Net of 10 Invoices / 11 Checks	0.00	4,557.73		
CHEB CTY CLERK/REGISTER OF DEEDS					
	Total:	1,116.60	1,116.60	election	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
CHEBOYGAN COUNTY					
	Total:	0.00	512,998.62	Taxes	no
	Net of 0 Invoices / 4 Checks	0.00	512,998.62		
CHEB. CTY. ROAD COMM.					
	Total:	202,501.66	200,626.30	road work	no
	Net of 15 Invoices / 12 Checks	1,875.36	0.00		
CENTER POINT LARGE PRINT					
	Total:	696.28	696.28	books	no
	Net of 13 Invoices / 13 Checks	0.00	0.00		
WALTER CHAMBERLAIN					
	Total:	2,375.00	2,100.00	reimbursement	no
	Net of 5 Invoices / 4 Checks	275.00	0.00		
CHASKEY'S SEPTIC SERVICE, IN.					
	Total:	4,290.00	3,650.00	services	yes
	Net of 13 Invoices / 6 Checks	640.00	0.00		
CHEBOYGAN DAILY TRIBUNE					
	Total:	195.00	195.00	publication	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
CHEBOYGAN CTY. TREASURER					
	Total:	426.71	3,472,679.13	taxes	no

CINCINNATI LIFE INSURANCE CO.	Net of 4 Invoices / 12 Checks	0.00	3,472,252.42		
	Total:	1,786.25	1,786.25	insurance	no
	Net of 6 Invoices / 6 Checks	0.00	0.00		
CITIZENS NATIONAL BANK					
	Total:	266,954.08	266,954.08	banking	no
	Net of 4 Invoices / 3 Checks	0.00	0.00		
CIVIC PLUS					
	Total:	1,093.96	1,093.96	website	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
CLASSIC CLEANING					
	Total:	7,885.01	7,337.51	cleaning svcs	yes
	Net of 37 Invoices / 19 Checks	547.50	0.00		
C.M.P. DISTRIBUTORS, INC					
	Total:	5,675.00	5,675.00	vests	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
COMMON ANGLE, INC.					
	Total:	257.50	257.50	IT Backup	no
	Net of 5 Invoices / 3 Checks	0.00	0.00		
CONSUMERS ENERGY					
	Total:	94,851.19	90,369.27	Utilities	no
	Net of 385 Invoices / 51 Checks	4,481.92	0.00		
DAN'S AUTO REPAIR					
	Total:	2,661.60	3,397.94	auto repair	no
	Net of 3 Invoices / 4 Checks	0.00	736.34		
DECKA DIGITAL					
	Total:	565.14	565.14	printing	no
	Net of 4 Invoices / 4 Checks	0.00	0.00		
CHRISTOPHER DIEHL					
	Total:	2,830.89	2,555.89	reimbursement	no
	Net of 6 Invoices / 4 Checks	275.00	0.00		
DTE ENERGY					
	Total:	4,882.13	4,741.18	Utilities	no
	Net of 12 Invoices / 12 Checks	140.95	0.00		
EMERY-PRATT					
	Total:	1,331.25	1,331.25	books	no
	Net of 12 Invoices / 9 Checks	0.00	0.00		
EMMET COUNTY					
	Total:	821.10	869.40	clean up vouchers	no
	Net of 8 Invoices / 9 Checks	0.00	48.30		
FERRELLGAS					
	Total:	4,764.87	4,764.87	propane	no
	Net of 5 Invoices / 3 Checks	0.00	0.00		

FULLFORD SURVEYING	Total:	840.00	840.00	surveying	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
GABRIDGE & COMPANY, PLC	Total:	16,045.00	15,720.00	auditing	no
	Net of 7 Invoices / 3 Checks	325.00	0.00		
GINOP SALES, INC.	Total:	17,369.85	17,277.91	parts	no
	Net of 17 Invoices / 9 Checks	91.94	0.00		
GREAT LAKES ENERGY	Total:	165.75	165.75	utilities	no
	Net of 11 Invoices / 11 Checks	0.00	0.00		
GREAT LAKES FIREWORKS	Total:	12,500.00	12,500.00	fireworks	yes
	Net of 2 Invoices / 3 Checks	0.00	0.00		
HACH COMPANY	Total:	793.00	793.00	calibration	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
HAVILAND PRODUCTS COMPANY	Total:	1,047.52	1,047.52	supplies	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
HILL MOUNTAIN SIGNWORKS	Total:	480.00	480.00	signage	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
INDIAN RIVER SPORTS CENTER	Total:	1,500.00	1,500.00	equip rental	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
INDIAN RIVER CHAMBER OF COMMERCE	Total:	200.00	200.00	dues	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
INDIAN RIVER CONTRACTORS	Total:	3,062.00	3,062.00	contracting parks	yes
	Net of 2 Invoices / 2 Checks	0.00	0.00		
INTERNAL REVENUE SERVICE	Total:	171.86	171.86	taxes	no
	Net of 3 Invoices / 3 Checks	0.00	0.00		
JACKSON NATIONAL LIFE INSURANCE	Total:	85.23	85.23	insurance	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
KATHIE JEWELL	Total:	1,146.02	1,146.02	reimbursement	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
JEFF JOHNSON					

	Total:	1,993.85	1,718.85	reimbursement	no
	Net of 6 Invoices / 4 Checks	275.00	0.00		
JUNIOR LIBRARY GUILD					
	Total:	560.35	560.35	books	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
K & J SEPTIC SERVICE					
	Total:	3,840.00	3,520.00	porta johns	yes
	Net of 12 Invoices / 10 Checks	320.00	0.00		
KEN'S VILLAGE MARKET					
	Total:	40.65	49.76	supplies	no
	Net of 3 Invoices / 3 Checks	0.00	9.11		
KIRK & HUTH, P.C.					
	Total:	11,417.70	9,073.95	legal	no
	Net of 12 Invoices / 11 Checks	2,343.75	0.00		
KSS ENTERPRISES					
	Total:	3,636.68	3,180.85		
	Net of 17 Invoices / 8 Checks	455.83	0.00		
PAT LACROSS					
INVOICE 420-9482	REPAIRS	Y	120.00	0.00	
	Total:	120.00	0.00		
	Net of 1 Invoices / 0 Checks	120.00	0.00		
STACY LALONDE					
	Total:	775.00	500.00	reimbursement	no
	Net of 3 Invoices / 2 Checks	275.00	0.00		
LEEANN MALENFANT					
	Total:	47.20	47.20	reimbursement	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
MCG WEB DEVELOPMENT					
	Total:	272.00	272.00	Website	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
MCGRAW MORRIS P.C.					
	Total:	487.80	487.80	legal	yes
	Net of 1 Invoices / 1 Checks	0.00	0.00		
MCLAREN NORTHERN MICHIGAN HOSPITAL					
	Total:	30.60	30.60	Blood draw	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
MICH DEPT ENV QUALITY					
	Total:	4,530.46	4,530.46	permits and fees	no
	Net of 4 Invoices / 2 Checks	0.00	0.00		
MEAD & HUNT					
	Total:	66,643.75	66,943.75	sewer contracting	yes
	Net of 11 Invoices / 10 Checks	0.00	300.00		
MILAN SUPPLY COMPANY					

		Total:	328.30	328.30	supplies	no
		Net of 4 Invoices / 3 Checks	0.00	0.00		
MISS DIG SYSTEMS, INC.						
		Total:	1,183.54	1,183.54	subscription	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
STATE OF MICHIGAN						
CHECK	TXCHK 17177		N	0.00	383.37	tax
		Total:	0.00	383.37		
		Net of 0 Invoices / 1 Checks	0.00	383.37		
M&M PLUMBING						
		Total:	11,639.92	11,639.92	contracted svcs	yes
		Net of 4 Invoices / 2 Checks	0.00	0.00		
MICHIGAN TOWNSHIP ASSOC.						
		Total:	9,531.29	4,875.16	dues	no
		Net of 5 Invoices / 4 Checks	4,656.13	0.00		
MUNICIPAL EMP. RETIREMENT						
		Total:	237,913.21	127,222.01	retirement	no
		Net of 13 Invoices / 11 Checks	110,691.20	0.00		
MUNICIPAL UNDERWRITERS						
		Total:	23,074.00	23,074.00	insurance	no
		Net of 3 Invoices / 3 Checks	0.00	0.00		
N.M.A.C.P.						
		Total:	75.00	75.00	dues	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
NORTHERN A-1						
		Total:	22,269.70	5,059.29	contracted svcs	yes
		Net of 3 Invoices / 1 Checks	17,210.41	0.00		
NORTHLAND LIBRARY COOPERATIVE						
		Total:	5,081.56	5,081.56	co-op	no
		Net of 4 Invoices / 4 Checks	0.00	0.00		
NYE UNIFORM COMPANY						
		Total:	2,172.76	2,172.76	uniforms	no
		Net of 8 Invoices / 7 Checks	0.00	0.00		
PAT & GARY'S PARTY STORE II						
		Total:	83.97	83.97	propane	no
		Net of 1 Invoices / 1 Checks	0.00	0.00		
PITNEY BOWES, INC.						
		Total:	435.36	435.36	postage	no
		Net of 2 Invoices / 2 Checks	0.00	0.00		
PITNEY BOWES PURCHASE POWER						
		Total:	3,103.91	3,103.91	rental and postage	no
		Net of 5 Invoices / 6 Checks	0.00	0.00		
PONTEM						

	Total:	390.00	390.00	subscription	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
POLLARD'S QUICK LUBE					
	Total:	11,359.11	11,078.43	equip r&m	no
	Net of 30 Invoices / 12 Checks	280.68	0.00		
PRESQUE ISLE ELEC. COOP.					
	Total:	3,342.51	3,249.97	utilities	no
	Net of 26 Invoices / 11 Checks	92.54	0.00		
PRINTING SYSTEMS					
	Total:	262.04	262.04	supplies	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
RAMSBY DRILLING					
	Total:	448.71	448.71	contracted svcs	yes
	Net of 1 Invoices / 1 Checks	0.00	0.00		
READER'S DIGEST					
	Total:	20.00	20.00	subscription	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
MIKE RIDLEY					
	Total:	548.30	548.30	reimbursement	no
	Net of 3 Invoices / 3 Checks	0.00	0.00		
SCREENGRAPHICS					
	Total:	715.00	459.50	printing	no
	Net of 4 Invoices / 3 Checks	255.50	0.00		
SOUTH SIDE AUTO					
	Total:	55.00	55.00	signage	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
STANDARD INSURANCE COMPANY					
	Total:	4,842.93	4,023.05	insurance	no
	Net of 9 Invoices / 8 Checks	819.88	0.00		
STATE OF MICHIGAN - MDOT					
	Total:	200.00	200.00	fee	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
STATE OF MICHIGAN - MESC					
	Total:	2,916.00	3,001.00	tax	no
	Net of 9 Invoices / 5 Checks	0.00	85.00		
STEVE'S LOCK & SAFE					
	Total:	487.00	487.00	locksmithing	yes
	Net of 2 Invoices / 2 Checks	0.00	0.00		
STRAITSLAND PUBLISHING					
	Total:	2,056.65	2,071.05	publication	no
	Net of 13 Invoices / 11 Checks	0.00	14.40		
TELE-RAD INC					
	Total:	9,380.00	9,380.00	computers police	no

	Net of 1 Invoices / 1 Checks	0.00	0.00		
GORDON TEMPLE JR					
	Total:	1,847.27	1,745.90	reimbursement	no
	Net of 7 Invoices / 7 Checks	101.37	0.00		
BRUCE THOMPSON					
	Total:	6,270.00	5,706.00	cemetery	yes
	Net of 9 Invoices / 7 Checks	564.00	0.00		
TRANSAMERICA LIFE					
	Total:	1,123.92	1,123.92	insurance	no
	Net of 5 Invoices / 5 Checks	0.00	0.00		
TRAVERSE AREA DISTRICT LIBRARY					
	Total:	300.00	300.00	website	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
TUSCARORA TOWNSHIP					
	Total:	9,015.69	2,247,364.91		
	Net of 21 Invoices / 36 Checks	0.00	2,238,349.22		
TUSCARORA FIRE DEPARTMENT					
	Total:	180,638.00	180,638.00	fire svcs	yes
	Net of 7 Invoices / 5 Checks	0.00	0.00		
USA BLUE BOOK					
	Total:	5,071.70	5,733.95	supplies	no
	Net of 11 Invoices / 8 Checks	0.00	662.25		
USIC LOCATING SERVICES, LLC					
	Total:	5,389.90	5,235.82	contracted svcs	yes
	Net of 12 Invoices / 11 Checks	154.08	0.00		
U.S. POSTAL SERVICE					
	Total:	1,776.00	1,776.00	po box/postage	no
	Net of 5 Invoices / 5 Checks	0.00	0.00		
VANS BUSINESS MACHINE					
	Total:	2,278.04	2,260.67	copy meter	no
	Net of 26 Invoices / 16 Checks	17.37	0.00		
VERIZON WIRELESS					
	Total:	2,075.92	2,230.11	mobile phone	no
	Net of 11 Invoices / 12 Checks	0.00	154.19		
VIEAU'S TREE SERVICE					
	Total:	400.00	400.00	contracted svcs	yes
	Net of 1 Invoices / 1 Checks	0.00	0.00		
WHITE PINE ELECTRIC, INC.					
	Total:	5,435.72	3,804.27	contracted svcs	yes
	Net of 7 Invoices / 5 Checks	1,631.45	0.00		
DEMCO					
	Total:	23,661.12	23,661.12	supplies	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		

MOTION PICTURE LICENSING CORP						
	Total:	169.20	169.20	licensing		no
	Net of 1 Invoices / 1 Checks	0.00	0.00			
KCI						
	Total:	5,897.94	5,647.20	printing		no
	Net of 6 Invoices / 6 Checks	250.74	0.00			
THOMAS SNYDER						
	Total:	1,500.00	1,500.00	rent		no
	Net of 1 Invoices / 1 Checks	0.00	0.00			
I.T. RIGHT						
	Total:	9,018.16	9,018.16	contracted svcs		yes
	Net of 6 Invoices / 5 Checks	0.00	0.00			
MIDWEST COLLABORATIVE FOR LIBRARY						
	Total:	250.00	250.00	dues		no
	Net of 2 Invoices / 2 Checks	0.00	0.00			
CORELOGIC						
	Total:	0.00	1,895.34	subscription		no
	Net of 0 Invoices / 1 Checks	0.00	1,895.34			
BOOK SYSTEMS, INC.						
	Total:	1,485.00	1,485.00	database		no
	Net of 1 Invoices / 1 Checks	0.00	0.00			
WOLVERINE POWER SYSTEMS						
	Total:	1,305.00	1,305.00	contracted svcs		yes
	Net of 2 Invoices / 1 Checks	0.00	0.00			
SAULT-CHEBOYGAN MEDIA GROUP						
	Total:	246.15	95.85	publication		no
	Net of 5 Invoices / 2 Checks	150.30	0.00			
CHARTER COMMUNICATIONS						
	Total:	5,927.08	5,687.14	utilities		no
	Net of 33 Invoices / 33 Checks	239.94	0.00			
TEMPERATURE CONTROL, INC.						
	Total:	2,866.00	666.00	Hvac contractor		yes
	Net of 3 Invoices / 1 Checks	2,200.00	0.00			
TANNER ELECTRIC, INC.						
	Total:	1,827.34	1,827.34	electrical contractor		yes
	Net of 4 Invoices / 4 Checks	0.00	0.00			
GFL ENVIRONMENTAL USA, INC.						
	Total:	3,384.82	2,978.59	utilities		no
	Net of 12 Invoices / 11 Checks	406.23	0.00			
JANET MYERSON						
	Total:	897.52	622.52	reimbursement		no
	Net of 4 Invoices / 3 Checks	275.00	0.00			
OMNI SITE						

	Total:	768.00	768.00	wireless	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
INLAND LAKE SCHOOLS					
	Total:	0.00	2,976,449.10	tax	no
	Net of 0 Invoices / 6 Checks	0.00	2,976,449.10		
TIME					
	Total:	25.00	25.00	subscription	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
WEX BANK					
	Total:	2,176.16	1,938.23	fuel	no
	Net of 12 Invoices / 10 Checks	237.93	0.00		
NORTHERN MICH. LAW ENFORCEMENT TRNG					
	Total:	125.00	125.00	dues	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
DYNAMIC SCHOOL ASSEMBLIES, INC.					
	Total:	495.00	495.00	program	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
THERESA WITULSKI					
	Total:	57.00	57.00	reimbursement	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
SUMMIT COMPANIES					
	Total:	292.70	457.00	contracted svcs - fire ext	yes
	Net of 3 Invoices / 4 Checks	0.00	164.30		
STRIKER SUPPLY					
	Total:	147.00	147.00	supplies	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
TRAVIS J ELOWSKY O.D.					
	Total:	149.00	149.00	eye exam	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
QUALITY SEAL COATING					
	Total:	4,000.00	0.00	contracted svcs	yes
	Net of 1 Invoices / 0 Checks	4,000.00	0.00		
AMERICAN LEGAL PUBLISHING CORP					
	Total:	520.00	520.00	subscription	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
MERCHANT EXCAVATING & SEPTIC SVC, I					
	Total:	310.00	0.00	contracted svcs	yes
	Net of 1 Invoices / 0 Checks	310.00	0.00		
STATE OF MICHIGAN					
	Total:	284.80	284.80	fees	no
	Net of 2 Invoices / 1 Checks	0.00	0.00		
OHM ADVISORS					
	Total:	3,751.30	3,751.30	contracted svcs	yes

	Net of 1 Invoices / 1 Checks	0.00	0.00		
MESSA					
	Total:	140,286.00	138,976.66	insurance	no
	Net of 36 Invoices / 14 Checks	1,309.34	0.00		
ELK COUNTRY COMPUTER SERVICES					
	Total:	719.75	719.75	contracted svcs - IT	yes
	Net of 3 Invoices / 3 Checks	0.00	0.00		
ELECTION SOURCE					
	Total:	1,085.50	1,085.50	supplies	no
	Net of 3 Invoices / 3 Checks	0.00	0.00		
LEIGH ANN SOCHA					
	Total:	840.00	780.00	blood draw	no
	Net of 6 Invoices / 6 Checks	60.00	0.00		
BAKER & TAYLOR					
	Total:	147.09	147.09	books	no
	Net of 2 Invoices / 2 Checks	0.00	0.00		
TRACE ANALYTICAL LABORATORIES, INC.					
	Total:	408.00	0.00	lab testing	no
	Net of 1 Invoices / 0 Checks	408.00	0.00		
MICHIGAN CHAMBER OF COMMERCE					
	Total:	100.50	100.50	posters	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
DROST LANDSCAPE INC					
	Total:	921.20	921.20	contracted svcs	yes
	Net of 2 Invoices / 2 Checks	0.00	0.00		
MASON COUNTY DISTRICT LIBRARY					
	Total:	15.00	15.00	books	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
BUNKER SERVICES					
	Total:	1,145.00	1,145.00	contracted svcs	yes
	Net of 2 Invoices / 2 Checks	0.00	0.00		
DOUG SCHOFIELD					
	Total:	141.59	141.59	reimbursement	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
DAWN WEBB					
	Total:	26.49	0.00	reimbursement	no
	Net of 1 Invoices / 0 Checks	26.49	0.00		
MIDAMERICA BOOKS					
	Total:	290.92	290.92	books	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
PRO COMM INC.					
	Total:	314.54	314.54	contracted svcs - IT	yes
	Net of 3 Invoices / 3 Checks	0.00	0.00		

NORTH STAR STONE	Total: Net of 2 Invoices / 2 Checks	427.24 0.00	427.24 0.00	materials	no
ROSE SEPTIC SERVICES	Total: Net of 1 Invoices / 1 Checks	400.00 0.00	400.00 0.00	contracted svcs	yes
HNL SERVICES	Total: Net of 1 Invoices / 1 Checks	812.50 0.00	812.50 0.00	contracted svcs	yes
JO-ANN STORES	Total: Net of 1 Invoices / 1 Checks	650.00 0.00	650.00 0.00	subscription	no
FAY MARTIN RESORT	Total: Net of 1 Invoices / 1 Checks	6,500.00 0.00	7,300.00 800.00	materials	no
DORNBOS SIGN INC	Total: Net of 1 Invoices / 1 Checks	342.20 0.00	342.20 0.00	signage	no
J&N CONSTRUCTION	Total: Net of 1 Invoices / 1 Checks	650.00 0.00	650.00 0.00	contracted svcs	yes
MIDWEST TAPE LLC	Total: Net of 2 Invoices / 2 Checks	1,054.08 0.00	1,054.08 0.00	library	no
NORTHERN TANK TRUCK SERVICE INC.	Total: Net of 1 Invoices / 1 Checks	18,113.88 0.00	18,113.88 0.00	contracted svcs	yes
PROJECT ARTS & IDEAS	Total: Net of 2 Invoices / 2 Checks	5,360.00 0.00	5,360.00 0.00	art	no
RAMSBY DRILLING INC	Total: Net of 1 Invoices / 1 Checks	3,020.45 0.00	3,020.45 0.00	contracted svcs	yes
ALL - PHASE ELECTRIC	Total: Net of 2 Invoices / 2 Checks	127.08 0.00	127.08 0.00	contracted svcs	yes
SHAWN MCQUAID	Total: Net of 1 Invoices / 1 Checks	610.00 0.00	610.00 0.00	contracted svcs	yes
HARRELL'S INC	Total: Net of 2 Invoices / 1 Checks	5,147.50 247.50	4,900.00 0.00	supplies	no
SUPERIOR BUSINESS SOLUTIONS					

	Total:	184.29	184.29	supplies	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
ROTARY MULTIFORMS INC					
	Total:	387.66	387.66	books	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
BSB COMMUNICATIONS					
	Total:	555.00	555.00	supplies	no
	Net of 2 Invoices / 1 Checks	0.00	0.00		
JORDAN VALLEY DIST LIBRARY					
	Total:	20.00	20.00	books	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
WEST BLOOMFIELD TWP PUBLIC LIBRARY					
	Total:	16.14	16.14	books	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
TIM MULHERIN					
	Total:	13.17	13.17	no idea	
	Net of 1 Invoices / 1 Checks	0.00	0.00		
WOODLANDS LIBRARY COOP					
	Total:	17.00	17.00	posters	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
TROY GRAHAM MUSIC					
	Total:	300.00	300.00	contracted svcs	yes
	Net of 1 Invoices / 1 Checks	0.00	0.00		
ALCONA HEALTH CENTER					
	Total:	219.00	219.00	physical	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
CAROL NEUMANN					
	Total:	287.50	287.50	elections	
	Net of 1 Invoices / 1 Checks	0.00	0.00		
JAKE ALLEN					
	Total:	150.00	150.00	contracted svcs	yes
	Net of 1 Invoices / 1 Checks	0.00	0.00		
STONE QUEST					
	Total:	32,977.13	32,977.13	ball diamond install	yes
	Net of 2 Invoices / 2 Checks	0.00	0.00		
IREAD ILLINOIS LIBRARY ASSSOC					
	Total:	84.22	84.22	program	no
	Net of 1 Invoices / 1 Checks	0.00	0.00		
ZIMMERMAN AND SONS ELECTRIC					
	Total:	25,683.00	25,683.00	street lights	yes?
	Net of 1 Invoices / 1 Checks	0.00	0.00		
NORTHERN POWERSWEEPING SERVICES					
	Total:	1,000.00	0.00	contracted svcs	yes

MITCHELL GRAPHIS	Net of 1 Invoices / 0 Checks	1,000.00	0.00		
	Total:	2,026.07	0.00	printing	no
	Net of 1 Invoices / 0 Checks	2,026.07	0.00		
MICHIGAN POLICE EQUIPMENT					
	Total:	3,934.50	0.00	equipment	no
	Net of 1 Invoices / 0 Checks	3,934.50	0.00		
TUMBLEWEED PRESS INC					
	Total:	799.00	0.00	subscription	no
	Net of 1 Invoices / 0 Checks	799.00	0.00		
MANGO LANGUAGES					
	Total:	1,100.00	0.00	subscription	no
	Net of 1 Invoices / 0 Checks	1,100.00	0.00		
JACKSON JONES					
	Total:	275.00	0.00	reimbursement	no
	Net of 1 Invoices / 0 Checks	275.00	0.00		
BERGER CHEVROLET					
	Total:	81,992.00	0.00	vehicle	no
	Net of 2 Invoices / 0 Checks	81,992.00	0.00		
DODDS TREE SERVICE					
	Total:	4,000.00	0.00	contracted svcs	yes
	Net of 1 Invoices / 0 Checks	4,000.00	0.00		