

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
01-04-23

PRODUCER

SMITH & DeROSE AGENCY INC
216 W GRAND RIVER AVE
WILLIAMSTON, MI 48895

INSURED

LLPS INC
6323 W SAGINAW HWY
LANSING, MI 48917

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** HOME-OWNERS INSURANCE

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

COVERAGE

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
A	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE X OCCUR.	42 152 405 00	12-21-19	12-21-20	PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.		12-21-20	12-21-21	EACH OCCURRENCE \$ 1,000,000
			12-21-21	12-21-22	FIRE DAMAGE (Any one fire) \$ 200,000
			12-21-22	12-21-23	MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	X HIRED AUTOS	42 152 405 00	12-21-19	12-21-20	EACH OCCURRENCE \$
A	X NON-OWNED AUTOS		12-21-20	12-21-21	AGGREGATE \$
	GARAGE LIABILITY		12-21-21	12-21-22	STATUTORY LIMITS \$
			12-21-22	12-21-23	EACH ACCIDENT \$
	EXCESS LIABILITY				DISEASE—POLICY LIMIT \$
	UMBRELLA FORM				DISEASE—EACH EMPLOYEE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				
	AND				
	EMPLOYERS' LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

OFFICE SUPPLY STORES

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE