

CERTIFICATE OF INSURANCE

Scan Code
CERT

FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN
 FARM BUREAU GENERAL INSURANCE COMPANY OF MICHIGAN

Email to: CommercialAllOther@fbinsmi.com
Fax to: 877-822-2875

Lansing, Michigan 48909

Name and Address of Certificate Holder:

MAGNUS PAVING LLC
30100 TELEGRAPH RD
BINGHAM FARMS MI 48025

AMENDED

Named Insured and Address:

MAGNUS PAVING LLC
30100 TELEGRAPH RD
BINGHAM FARMS MI 48025

Issue Date: **06/05/2018**

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 the Certificate Holder's 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 <input checked="" type="checkbox"/> Specifically Described Autos (Symbol 7) <input type="checkbox"/> Hired Auto (Symbol 8) <input type="checkbox"/> Non-Owned Auto (Symbol 9)	BAP-3094837	Eff. 05/20/2018 Exp. 05/20/2019	Combined Single Limit Each Accident \$ 2,000,000
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 <i>Products-Completed Operations</i> <input type="checkbox"/> Personal Injury and Advertising Injury Liability Coverage is included <input checked="" type="checkbox"/> Hired Auto <input checked="" type="checkbox"/> Non-Owned Auto <input type="checkbox"/> CERTIFICATE HOLDER is an Additional Insured <input type="checkbox"/> Excluding:	CPP-3096422	Eff. 05/30/2018 Exp. 05/30/2019	Each Occurrence \$ 1,000,000 Products Aggregate \$ 2,000,000 General Aggregate \$ 2,000,000 Medical Payments Limit \$ 10,000
Owners and 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 Business Pursuits <input type="checkbox"/> Excluded <input type="checkbox"/> Included		Eff. Exp.	Limit \$ Type: Describe:
Other		Eff. Exp.	

X _____
Authorized Signature

4027
Agent Number

(248) 290-0614
Agent Phone Number