



MICHIGAN MUNICIPAL  
RISK MANAGEMENT  
A U T H O R I T Y

**CERTIFICATE OF COVERAGE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder except to the extent shown below. This certificate does not amend, extend or alter the coverage contained in the Authority’s Joint Powers Agreement and coverage attachments thereto.

This is to certify that a Self-Insured Program has been undertaken by the member listed below through the Authority pursuant to Act 138 P.A. 1982.

The coverage provided by the Authority is as follows:

- 1. Liability coverage for general liability, automobile (including Michigan no-fault) law enforcement and public officials liability; in the sum of \$ 5,000,000 each occurrence inclusive of loss adjustment and defense costs.
- 2. Property Coverage including loss to real & personal property, to amounts stipulated in coverage documents and overview for this member.
- 3. Motor Vehicle Physical Damage Coverage for the vehicles stipulated in the Coverage Document.
- 4.  Information only:
- 5.  The entity named below is included in the scope of protection as respects claims arising from a COVERED CONTRACT as defined in the MMRMA Liability and Motor Vehicle Physical Damage Coverage Document.
- 6.  Other (as described here): Professional liability/incidental medical malpractice coverage is afforded under the general liability section of the coverage for employees only while working within the scope and duty of his/her professional duties for Mid Michigan District Health Department per the terms, conditions and exclusions in the policy. There is no coverage for medical doctors. Coverage is included in the \$5m liability limit (see item #1 above – no aggregate limit).

This certificate is issued in accordance with and is subject to all provisions of the Joint Powers Agreement, Coverage Documents, reinsurance agreements, MMRMA rules, regulations and administrative procedures. Should the member identified below withdraw from the Authority, or its Authority Membership be otherwise terminated, the Authority will endeavor to notify the certificate holder in writing thirty (30) days in advance thereof, but failure to furnish such notice will impose no obligation or liability of any kind upon the Authority, or its representatives.

**Certificate Holder:**  
Information only

**Member:**  
Mid Michigan District Health Department  
615 North State Street  
Stanton, MI 48888

**Certificate Expiration Date:** 07/01/2019

**Member Number:** #M0001022  
**Effective Date of Membership:** 01/01/1985

**Date Issued:** 06/11/2018  
**Distribution:**  
MMRMA Underwriting

**Authorized Representative**