



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/03/2024

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 Davis-Vandenbossche Agency 51180 Bedford St New Ballimore MI 48047	CONTACT NAME: Kyle Anderson PHONE (A/C, No, Ext): (586) 716-2990 E-MAIL ADDRESS: kanderson@dvainsurance.com	FAX (A/C, No):
INSURED Kavanaugh, Michael P LLC 200 Maple Park Blvd Ste 201 Saint Clair Shores MI 48081-2211	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Frankenmuth Insurance Co	✓ 13986
	INSURER B: Allmerica Financial Benefit	✓ 41840
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL249300525 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	✓	Y	6668014	12/13/2023	12/13/2024	EACH OCCURRENCE \$ 1,000,000 ✓ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	✓	Y	6668014	12/13/2023	12/13/2024	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE OED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	Y/N	N/A	W2B7591291	08/11/2024	08/11/2025	<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)

All operations in the State of Michigan are subject to the terms and conditions of the policies issued above.

The City of Grosse Pointe Woods, the 32F Municipal Court, all elected & appointed officials, all employees and volunteers, agents, all boards, commissions and/or authorities and board members, including employees & volunteers thereof are additional insured with respect to general liability on a primary basis. 30 day notice of cancellation applies. ✓

CERTIFICATE HOLDER

CANCELLATION

City of Grosse Pointe Woods
20025 Mack Plaza Dr. ✓
Grosse Pointe Woods MI 48236

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



LAWYERS PROFESSIONAL LIABILITY POLICY DECLARATIONS

Agency:	Branch:	Policy Number:	Insurance is provided by
738021	912	2087348334	Continental Casualty Company, 151 N Franklin St Chicago IL 60606 A Stock Insurance Company.

1. NAMED INSURED AND ADDRESS: Mihelich & Kavanaugh, PLC 17200 E 10 MILE RD STE 100, EASTPOINTE, MI 48021-3300	NOTICE TO POLICYHOLDERS: This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.
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2. POLICY PERIOD: Inception: 02/27/2024 at 12:01 A.M. Standard Time at the address shown above	Expiration: 02/27/2025
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3. LIMITS OF LIABILITY: <i>Inclusive of Claims Expenses</i>	Each Claim: \$500,000 Aggregate: \$500,000
Death or Disability and Non-Practicing Extended Reporting Period Limit of Liability:	Each Claim: \$500,000 Aggregate: \$500,000

4. DEDUCTIBLES: Deductibles <i>Inclusive of Claims Expenses</i>	Aggregate: \$10,000
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5. POLICY PREMIUM: Annual Premium:	
Total Amount:	
<i>Includes CNA Risk Control Credit of</i>	
<i>Includes ICLE Credit Of</i>	
<i>Includes Lawyers Data Breach and Network Security Premium, see coverage endorsement if applicable</i>	

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION: G144292A (Ed. 03-2003), G118012AC (Ed. 03-1999), G118011A (Ed. 06-2015), G118024A (Ed. 04-2008), G118029A (Ed. 04-2008), G118031A (Ed. 04-2008), G118039A21 (Ed. 06-2008), G121011AC (Ed. 04-2008), GSL11324XX (Ed. 09-2008), GSL3238MI (Ed. 06-2015)
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7. WHO TO CONTACT: To report a claim:	CNA - Claims Reporting P.O. Box 8317 Chicago, IL 60680-8317 Fax: 866-773-7504 / Online: www.cna.com/claims Email: SpecialtyProNewLoss@cna.com Lawyers Claim Reporting Questions: 800-540-0762
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Steve Gold
Authorized Representative

01/25/2024
Date

*Approved by
Doree A. Welking
11/13/24*



Continental Casualty Company
151 N Franklin St
Chicago IL 60606

REVISED ATTORNEY SCHEDULE

Policy Number: 2087348334

Endorsement Effective Date: 02/27/2024

Name of Each Lawyer	Named Individual Retroactive Date
Natalie G. Nona	10/26/2020
David T. Zalewski	03/27/2023
Lindsey E. Andrzejewski	06/13/2022
Michael P. Kavanaugh	02/27/2004
Mark A. Vrana	11/15/2004

Form No: ATTYSCHEd (10-2004)

Policy Schedule; Page: 1 of 1

Underwriting Company: Continental Casualty Company, 151 N Franklin St, Chicago, IL 60606 Policy Page: 1 of 4

Policy No: 2087348334

Policy Effective Date: 02/27/2024