



School Insurance Specialists

SEG Self-Insurer Workers' Compensation Fund

Member's Name: Kalkaska Public Schools
 Member's Address: 315 S Coral St
 Kalkaska, MI 49646
 Account Number: 40040
 Coverage Period: 12:01 A.M. on the dates of 7/1/2011 – 7/1/2012

Certificate of Workers' Compensation Insurance

This is to certify that the coverage listed below has been issued by SEG Self-Insurer Workers' Compensation Fund for the Group member and period referenced on this certificate. Coverage provided is subject to the terms and conditions of the Group's bylaws, operating procedures, reinsurance policy, indemnity agreement and other governing documents. Should this coverage be canceled before its indicated expiration date, we will endeavor to mail 30 days written notice to the named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the group, its agents or representatives.

Coverage Provided:

Those obligations required by Public Act 317 of 1969, as Amended, otherwise known as the State of Michigan Workers' Disability Compensation Act of 1969.

- \$500,000 Primary
- Statutory Excess

Employer's Liability:

- \$500,000 Primary
- \$1,000,000 Excess

Excess Liability Insurance Provided By:

Safety National Casualty Corporation, subject to the terms and conditions described in policy number SP 4044081.

7-1-2011

Date

Authorized Signature

415 W. Kalamazoo St. • Lansing MI 48933-2079 • 517-482-0871

Toll-Free 800-292-5421 • Fax 517-482-0800