

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2018

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.

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Marcl Elam

UN	ICO Group, Inc.			PHONE (A/C, No, Ext): (402)434-7200 (A/C, No): (402)434-7272					
112	8 Lincoln Mall			E-MAIL ADDRESS: melam@unicogroup.com					
Sui	te 200	0		INSURER(S) AFFORDING COVERAGE					
Lin	coln		NE 68508	INSURER A: Phoenix	25623				
INS	JRED			INSURER B: Traveler	s Indemnity Co	ompany	20	25658	
	A & R Construction Co.			INSURER c : Traveler	s Property Cas	sualty of America	1)a	25674	
	P.O. Box 121			INSURER D: Midwest	Builder's Cast	ualty	-	119 -	
	701 N. 9th Street			INSURER E :		74.010 177-	20	011	
	Plainview		NE 68769	INSURER F:	3. 4	07000			
co	VERAGES CEF	TIFICAT	E NUMBER: 19-20 All Line	es	127	REVISION NUMBER:			
11 C E	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PORTS	IREMENT, AIN, THE DLICIES. L	, TERM OR CONDITION OF ANY INSURANCE AFFORDED BY THI LIMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER E POLICIES DESCRIBE N REDUCED BY PAID CI	R DOCUMENT ' D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH T	THIS		
INSR	TYPE OF INSURANCE	INSD W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	COMMERCIAL GENERAL LIABILITY	1 1				EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	,000	
30	\$1,000 PD/Per Occ Ded.			WANTE PREMIS ON	274 10 100	MED EXP (Any one person)	\$ 5,00		
Α	Limited Pollution Liab-included		DT-CO-4K478813-PHX	01/09/2019	01/09/2020	PERSONAL & ADV INJURY	Φ .	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	4	0,000	
	POLICY PRO-					PRODUCTS - COMP/OP AGG	ų.	0,000	
	OTHER:					COMBINED SINGLE LIMIT	\$	VE 15-15-15	
	AUTOMOBILE LIABILITY					(Ea accident)	\$ 1,00	0,000	
В	ANYAUTO OWNED SCHEDULED		DT 040 41/470040 IND	01/09/2019	01/09/2020	BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED		DT-810-4K478813-IND			BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
	➤ UMBRELLA LIAB ➤ OCCUP						\$	0,000	
С	F COOK		CUP-4K540489-19	01/09/2019	01/09/2020	EACH OCCURRENCE	5 00	0,000	
U	CLAINS-MADE	1	001-41040403-10	01/03/2013	0110012020	AGGREGATE	3	0,000	
	WORKERS COMPENSATION					➤ PER OTH-ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						s 500,	000	
D	OFFICER/MEMBER EXCLUDED?	N/A	WC100-0001715-2019A	01/09/2019	19 01/09/2020	E.L. EACH ACCIDENT	500.0		
	If yes, describe under					E.L. DISEASE - EA EMPLOYEE	s 500,0	Control of the Contro	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	50				0 1	3	ļ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Engineer: Speece Lewis, 906 S. 26th Street, Lincoln, NE 68510. The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status only when there is a written contract between the named insured and the certificate holder/entity(les) that requires such status prior to a loss. The blanket endorsements provide additional insured status for Dodge County and Speece Lewis when required by written contract.									
						₩ 日	7		
CER	TIFICATE HOLDER			CANCELLATION		~ ~ ~ ~	ness paste		
900 Z	Dodge County 435 N. Park Ave.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	430 N. I GIR AVE.		ſ	AUTHORIZED REPRESENT	TATIVE	8			
	Fremont		NE 68025	Thomas Champon					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2018

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_	CONTACT House account											
PRO	DUCE	iR .					NAME:	nouse at		Teau	001 =	
Swa	nso	on Insurance and	d Real E	state			PHONE (402) 664-3500 FAX (A/C, No, Ext): (402) 664-3415					
FOE Main Church						E-MAIL ADDRESS:						
P.O. Box 408						INSURER(S) AFFORDING COVERAGE					NAIC #	
Scr	ibr	ner	NE	68057	-0408		INSURE	RA:EMC Ins	urance Co	mpanies		
INSU	RED					1	INSURE	RB:		0/10		
Мар	le	Township					INSURE	RC:		700	10	
c/c	Ro	on Bopp					INSURE	RD:		2-20	1.1	
162	5 (Cty Rd N					INSURE	RE:	Ac. 26	GIA 11 1-0		
Нос	pei	2	NE	68031			INSURE	RF: A9	37100	to Comment		
CO	VER	RAGES	(CERTIF	CATE	NUMBER: CL17390036	0		600	REVISION NUMBER:		
						ICE LISTED BELOW HAVE BE						
CI	ERT	FICATE MAY BE ISSUI	ED OR MAY	PERTAIL	I, THE	, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	THE PO	LICIES DESCR	IBED HEREIN			
INSR LTR		TYPE OF INSURA	The Contract of Contract of	ADD	LSUBF	a transition of the state of th		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
LIK		COMMERCIAL GENERAL		LIIVS	- WYVD	. Calor Hombelt				EACH OCCURRENCE	\$	1,000,000
A			OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						2X5-20-21	à	1/1/2019	1/1/2020	MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	CEI	J	DI IES DED:							GENERAL AGGREGATE	\$	2,000,000
	GEI	PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	-									PRODUCTS - COMPTOR AGG	\$	
	AUT	OTHER:			+					COMBINED SINGLE LIMIT	s	1,000,000
	7.0	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
A	-	ALL OWNED	SCHEDULED			2X5-20-21		1/1/2019	1/1/2020		\$	
	-	AUTOS	AUTOS NON-OWNED					1,1,2010	2,2,2020	PROPERTY DAMAGE	\$	
	_	HIRED AUTOS	AUTOS							(Per accident)	\$	
	_	UMBRELLA LIAB		_	-					TANK GOOVERSTOR		
	_	EXCESS LIAB	OCCUR					1			\$	
			CLAIMS-M	ADE							\$	
	WOE	DED RETENTION RKERS COMPENSATION	\$	_	1						\$	
	AND	EMPLOYERS' LIABILITY	PLOYERS' LIABILITY Y/I							STATUTE ER		
_		PROPRIETOR/PARTNER/EX CER/MEMBER EXCLUDED?		N/A	N/A				1/1/2020		\$	100,000
A	(Man	idatory in NH) s. describe under	L			2X5-20-21		1/1/2019			\$	100,000
	DÉS	s, describe under CRIPTION OF OPERATIONS	S below	\rightarrow	-					E.L. DISEASE - POLICY LIMIT	\$	500,000
										7	201	
DESC	RIPT	ION OF OPERATIONS / LOC	CATIONS / VFH	ICLES (A	CORD 1	L	nay be atta	ched if more space	e is required)		[]	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CEF	TIF	ICATE HOLDER					CANC	ELLATION		ep P	E S	
Dodge County Highway Dept. 435 N. Park Courthouse. Room 204							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					
		Ĩ.					Karle	en Meyer/K	KM	Harlaen 4	negel	2
-					-			A	0.0044.455	DD CODDODATION .		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/07/2018

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NAME: PHONE (A/C, No. Ext); (A/C, No. Ext);						
E-MAIL ADDRESS:	T succession					
INSURER(S) AFFORDING COVERAGE	NAIC#					
INSURER A: AMERISURE PARTNERS INS CO	11050					
INSURER B: AMERISURE MUT INS CO	23396					
INSURER C:						
INSURER D:						
INSURER F:						
REVISION NUMBER:						
	(AC, No, Ext): (AC, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: AMERISURE PARTNERS INS CO INSURER B: AMERISURE MUT INS CO INSURER C: INSURER C: INSURER D: INSURER E: INSURER F:					

Fre	mont, NE 68025											
					INSURER F:							
co	VERAGES CER	TIFIC	CATE	NUMBER: 54718160	REVISION NUMBER:							
11	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	JI IU V	WHICH I	IHIS		
NSR	TYPE OF INSURANCE	ADDL	SUBR	1100 PON COLUMN 2 COLUMN 2 COLUMN 2	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A A	GENERAL LIABILITY	X	X X	CPP21036610101		12/31/19	EACH OCCURRENCE DAMAGE TO RENTED		00,000			
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	•	00,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,0	00,000			
	X Blanket Addt*1 Insured						PERSONAL & ADV INJURY	<u> </u>	00,000			
	X Blanket Waiver					}	GENERAL AGGREGATE	•				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,00	00,000			
A	POLICY X PRO- JECT LOC	x	X	CA2103660105	12/31/18	12/31/19	COMBINED SINGLE LIMIT (Ea accident)		00,000			
		50					BODILY INJURY (Per person)	\$				
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$				
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$				
	HIRED AUTOS AUTOS						N 50 22222	\$				
В	X UMBRELLA LIAB X OCCUR		x	CU21036620102	12/31/18	12/31/19	EACH OCCURRENCE	\$ 8,00	00,000			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 8,00	00,000			
	DED X RETENTION \$ 0							\$				
В	WORKERS COMPENSATION		x	WC210366301	12/31/18	12/31/19	X WC STATU- TORY LIMITS ER					
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	AL LA					E.L. EACH ACCIDENT	\$ 1,00	00,000			
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE					
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	00,000			
								()	7810	MIN DEI		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule, if more space is	s required)		7. Co 13.	RICEN	DEC 14 P		
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CERTIFICATE HOLDER	CANCELLATION	
Dodge County Judicial Center	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.	BEFORE
Dodge County Courthouse Fremont, NE 68025	AUTHORIZED REPRESENTATIVE	
l I		

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CORD

CERTIFICATE OF LIABILITY INSURANCE

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th	is certificate does not confer rights t	o the	ceru	incate holder in lieu of si).				
The	oucer Harry A. Koch Co.		4		CONTACT NAME: PHONE (A/C. No. Ext): 402-861-7000 (A/C. No. (A/C. No.):						
P.C	o. Box 45279 aha NE 68145			V _	PHONE [A/C, No, Ext); 402-861-7000 FAX (A/C, No): E-MAIL ADDRESS:						
On	ana NC 50145				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
				JOD L	INSURE	RA: United F	and the State of t	N / /	- Commenter	13021	
INSU		WE30	857		INSURE	RB:		000	9		
	ese Plumbing & Excavating Inc Marvin Ct				INSURE	RC:		2-20	- ME		
	mont NE 68025				INSURE	RD:	20, 23	The state of the s			
					INSURE	RE: AS	101-	20 m			
					INSURE	RF:	6-7				
CO				NUMBER: 2130930577				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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY			60511318		12/12/2018	12/12/2019	EACH OCCURRENCE	\$1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	10000	
	X 250 PD Ded							MED EXP (Any one person)	\$ 5,000	WATER OF THE PARTY	
								PERSONAL & ADV INJURY	\$1,000		
	GEN'L AGGREGATE UMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000		
	POLICY X PRO: X LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	000	
А	AUTOMOBILE LIABILITY			60511318		12/12/2018	12/12/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR			60511318		12/12/2018	12/12/2019	EACH OCCURRENCE	\$ 5,000	,000	
	EXCESS LIAB CLAIMS-MADE						~	AGGREGATE	\$ 5,000	,000	
	DED X RETENTION \$ 0							LOCK LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			60511318		12/12/2018	12/12/2019	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ 1,000	,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	,000	
				i.				E od	3		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	attached if more	space is require	ed) i	귂		
								20	7		
								Part of the part o	-0		
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								20	in		
								O	promis mark		
CER	TIFICATE HOLDER				CANC	ELLATION		ę	on		
				·	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Dodge County				AUTHO	RIZED REPRESEN	TATIV <u>E</u>				
					AUTHORIZED REPRESENTATIVE						

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	DUCER				CONT		larino, CIC				
	lmes Murphy-Kansas City				PHONE (A/C, No, Ext): 816-857-7812 FAX (A/C, No):						
AESCAR92	28 Walnut Street Suite 701			C	E-MAIL ADDRESS: jmarino@holmesmurphy.com						
	perty Casualty/MM-KC			10,	INSURER(S) AFFORDING COVERAGE					NAIC#	
Ka	nsas City, MO 64108				INSUR	ER A : Midwes		sualty Mutual Co		13126	
INS	RED				INSUR			nla	and the same of		
	Wardcraft Homes, Inc.				INSUR			0 201	1		
	614 Maple St				INSUR	*******	10 2 mil	1300	-		
	Clay Center, KS 67432				INSUR		97123 D	The same of the sa	1		
					INSUR	A Province	THESE	1 -			
CO	VERAGES CER	TIFIC	CATE	NUMBER:	INSUR	CKF:		REVISION NUMBER:		L	
_	HIS IS TO CERTIFY THAT THE POLICIES		111/11/11/05/05/11/11/11		VE BEE	N ISSUED TO	THE INSURE		POLIC	Y PERIOD	
C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEN AIN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDE	F ANY	CONTRACT OF THE POLICIES IN REDUCED	R OTHER DO DESCRIBED BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WH	ICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDI INSR	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR					1		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	3.	
						1		MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:			11				GENERAL AGGREGATE	s		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	s		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
	DED RETENTION \$	i						AGOREGATE	s		
Α	WORKERS COMPENSATION			WC10000011782019A		01/01/2019	01/01/2020	Y PER OTH-	Ų.		
~	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			W 0 10000011102013A		01/01/2013	0110112020	A ISTATUTE IER E.L. EACH ACCIDENT	\$1,000	0.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A						E.L. DISEASE - EA EMPLOYEE		-	
	(Mandatory in NH) If yes, describe under			9					\$1,000		
	DÉSCRIPTION OF OPERATIONS below				*			E.L. DISEASE - POLICY LIMIT	\$1,000	,,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	0 101, Additional Remarks Sched	ule, may	be attached if mo	re space is requi	ired)			
								Dodg	2018 DEC 2		
								(D -77	R		
								o za	\overline{C}		
								0.0	5		
					go cama re	variation of the second		王贝			
CER	TIFICATE HOLDER				CANC	ELLATION		<u> </u>	-0		
	Dodge County Hway Dep 435 N. Park Fremont, NE 68025	nent		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEDED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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AUTHORIZED REPRESENTATIVE

Nichel Henderson



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2018

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 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).

C	ertificate holder in lieu of such ende	orser	nent(s).						172)	
PRO	DUCER	6		3	CONTA NAME:	CT Dee Go	sda				
Ry	der-Rosacker-McCue & Huston		/		PHONE (A/C, N	o, Ext). (308) 38	32-2330 or (80	0) 658-4200 FAX (A/C, No)	(308) 38	2-7109	
509	W. Koenig St.	•		È-MAIL ADDRE	danada	@ryderinsura	ince.com	3 300 111			
Gra	ind Island NE 68801				PRODU						
				` O.			SURER(S) AFFO	RDING COVERAGE		NAIC #	
INSI	JRED			20.	INSURE	FMO I	surance Comp				
Str	aight-Line Striping Inc				INSURE			h 1)	C		
	3 Farmstead Road				INSURE			200	1	. C.	
Gra	nd Island NE 68801				INSURE			() 5	-20	17	
					INSURE		- Tunka	30 Lu	Care I Tourist I Tourist		
					INSURE	10000000	Kav	mete -			
CO	VERAGES CER	RTIFI	CATE	NUMBER:	TINSOILE	-171 .		REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	PER	IREM TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPI ED HEREIN IS SUBJECT	ECT TO V	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUC				IAVE BE						
INSR LTR		INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	N Contraction		
Α	X COMMERCIAL GENERAL LIABILITY			5D59120		01-01-19	01-01-20	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000, \$ 500,00		
^	CLAIMS-MADE X OCCUR			0500120		01-01-13	01-01-20	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000		
	CLAIMS-MADE X OCCUR								\$ 1,000,		
								PERSONAL & ADV INJURY	\$ 2,000,		
		8						GENERAL AGGREGATE		100-007	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-			,				PRODUCTS - COMP/OP AGO	\$	000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	.000	
Α	X ANY AUTO			5E59120		01-01-19	01-01-20	BODILY INJURY (Per person)			
	ALL OWNED AUTOS							BODILY INJURY (Per acciden			
	SCHEDULED AUTOS							PROPERTY DAMAGE	\$		
į.	HIRÉD AUTOS							(Per accident)	\$		
	NON-OWNED AUTOS								s		
	X UMBRELLA LIAB X OCCUR	+-	-					EACH OCCUPENOS	\$ 1,000,	000	
Α				5J59120		01-01-19	01-01-20	AGGREGATE	\$ 1,000,	or an area and	
A	OLAIMO WADI	1	ĺ	0000120		01-01-10	01-01-20	AGGREGATE	1	000	
	X RETENTION \$-0-								\$		
	X RETENTION \$-0-	-	 					X WC STATU- OTH-	\$		
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR (PARTMER/EYECUTIVE			5H59120		01-01-19	01-01-20	E.L. EACH ACCIDENT	\$ 500,00	10	
^	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		01100123		01 01 10	01 01 20	E.L. DISEASE - EA EMPLOYE			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT			
Α	DÉSCRIPTION OF OPERATIONS below Leased or Rented Equipment	<u> </u>		5C59120		01-01-19	01-01-20	\$25,000 Per Item	3000,00		
^	Leased of Refited Equipment			0000120		01 01 10	01 01 20	N N	2		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Atta	ach AC	ORD 101, Additional Remarks Sche	dule, if mo	ore space is requi	red)	O.	<u> </u>		
		20									
								° R			
	00 N										
CE	RTIFICATE HOLDER			The second section of the second	CANC	ELLATION		THE	COURT .		
ULI	(III IOAIL HOLDEN						************	€ ጠ	E		
	Dodge County				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICES BE C	ANCELLE	ED BEFORE	
	Attn: Highway Dept.				THE	EXPIRATION	DATE THE	EREOF, NOTICE WILL	3E DELI	IVERED IN	
	435 N Park, Room 204			ii .	ACCORDANCE WITH THE POLICY PROVISIONS.						
	Fremont NF 68025				AUTHORIZED REPRESENTATIVE ./						