

CERTIFICATE OF LIABILITY INSURANCE

MMUNSTERMAN

DATE (MM/DD/YYYY) 2/11/2019

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.

lf	MPORTANT: If the certificate hold SUBROGATION IS WAIVED, subjuis certificate does not confer rights	ect/t	o the	terms and conditions of	of the po such en	olicy, certain dorsement(s	policies ma).	y require an endorseme	ns or l	oe endorsed. statement on	
PRODUCER Maguire Agency 1970 Oakcrest Avenue, Suite 300 Roseville, MN 55113						CONTACT Melissa Munsterman PHONE (A/C, No, Ext): (651) 635-2764 E-MAIL ADDRESS: mmunsterman@maguireagency.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED						INSURER A: Nova Casualty Company 42552					
Charles Lange DBA Lange House 113 Neff Street						INSURER B:					
						INSURER D: 2-22-2019					
Scribner, NE 68057					INSURER E:						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER;					
IN CI EX	HIS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQU / PEF I POL	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	FCT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			**************************************		0/00/00/4		DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	1		MSMML10000038		2/28/2019	2/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	_							MED EXP (Any one person)	\$	5,000 1,000,000	
	OFNII ACCRECATE LIMIT APPLIES PER	20						PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC							GENERAL AGGREGATE	\$	2,000,000	
	OTHER:					j.		PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY					34,		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			MSMML10000038		2/28/2019	2/28/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$. 27 Face-1908	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$	1						DED OTH	\$	10	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	Invalidatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		1					E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below Cargo			MSMML10000038		2/28/2019	2/28/2020	ACV (\$2,500 Ded.)	\$	125,000	
						1,20,2010	2/20/2020	ACV (\$2,000 BCd.)		125,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if more	space is require	Dodge Co Hywa	2019 FEB 5		
CERTIFICATE HOLDER						CANCELLATION					
Dodge County Highway Dept 435 North Park Fremont,, NE 68025						SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					