

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	f SUBROGATION IS WAIVED, subj this certificate does not confer rights	ect to	o the	terms and conditions o	f the p	olicy, certain	policies ma	y require an endorseme	nt. A	statement on
PRODUCER					CONTACT Melissa Munsterman					
197	guire Agency 70 Oakcrest Avenue, Suite 300		~	Ca	PHON (A/C,	IE No, Ext): (651)	635-2764	FAX (A/C, No)	:(651)	) 638-9762
Ro	seville, MN 55113			COST	ADDR			aguireagency.com		T
				- JOL				PRDING COVERAGE		NAIC#
INSURED					INSURER A: Nova Casualty Company INSURER B:				42552	
Charles Lange DBA Lange House 113 Neff Street Scribner, NE 68057					INSURER C: 140 TAGES # 100 10					1
					INSURER D: 5-8 dU19					
					INSURER E:					
COVERAGES						INSURER F:				
	OVERAGES CE THIS IS TO CERTIFY THAT THE POLICE			E NUMBER:	LIANE I	DEEN LOOLIED	TO THE INOU	REVISION NUMBER:		
C	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	KEQU / PFF	REM	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHE	R DOCUMENT WITH RESPI	COT TO	OUT HOUR THE
LTR	TYPE OF INSURANCE	ADDI	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		rs	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		l	MSMML10000038		2/28/2019	2/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	2						PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
	POLICY X PRO-							GENERAL AGGREGATE	\$	2,000,000
	OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			MSMML10000038		2/28/2019	2/28/2020	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
-	UMBRELLA LIAB OCCUR								\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION \$							AGGREGATE	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	Φ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			П				\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
A	If yes, describe under DESCRIPTION OF OPERATIONS below Cargo			MSMML10000038	4	2/28/2019	2/28/2020		\$	10000
				WOWNE TOOODO		2/20/2019	2/20/2020	ACV (\$2,500 Ded.)		125,000
			1						9 <b>810</b>	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule	e, may be	e attached if more	space is require	NA		
				2		1467 1478 253,7565			D D	
								00 0	<b>O</b>	
								TM 4	and the second	
								NED THE		
								party MA	oma A <del>l-is</del>	
CERTIFICATE HOLDER						ELLATION			'n	
SELLIN TOTALE HOLDER					CANCELLATION					
Dodge County Highway Dept 435 North Park Fremont,, NE 68025					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					
					11/2	A 1 111				1