

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 CONTACT CONTA											
Joshua Plisch				NAM	NAME: Sentry Customer Service						
V				(A/C, No, Ext): 800-473-6879 (A/C, No): 800-514-7191							
						EMAIL ADDRESS: businessproducts_direct@sentry.com					
INSURED						INSURE	R(S) AFFORDING	COVERAGE		NAIC #	
90,					INSURER A: Sentry Select Insurance Company					21180	
INSURED Nebraska Machinery Co					INSU	INSURER B:					
11002 Sapp Bros Dr					INSU	INSURER C:					
Omaha, NE 68138-4812						INSURER D:					
					INSURER E:						
COVERAGES CERTIFICATE NUMBER: 112355						INSURER F:					
						REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI 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 WVD POLICY NUN				MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0.000	
	CLAINIS-INIADE 1 OCCOR					l i		MED EXP (Any one person)	\$ 5,000		
A				254209800	04	05/01/2019	05/01/2020			Andrew .	
								PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$ 3,000,000		
ŀ								PRODUCTS - COMP/OP AGG	\$ 3,000,000		
	OTHER:							*	\$		
	AUTOMOBILE LIABILITY	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
А	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY			2542098005		05/01/2019	05/01/2020	BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONET						1	(c) docideny	\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 20.0	000,000	
Α	X EXCESS LIAB CLAIMS-MADE			254209800	6	05/01/2019	05/01/2020	AGGREGATE		000,000	
	DED RETENTION \$							PRODUCTS - COMP/OP AGG		000,000	
	WORKERS COMPENSATION	_							\$ 00,0	700,000	
	AND EMPLOYERS' LIABILITY Y/N	N/A						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								Ded de	2519	ä	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEH	IICLES	(ACORE	0 101, Addition	nal Rem	arks Schedule, ma	y be attached if n	nore space is required)	Lin		
ECEIVED Co Hyway Da											
CFF	RTIFICATE HOLDER				CANCELLATION						
Dodge County 435 N Park						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Freme	Fremont, NE 68025					ACCORDANCE WITH THE POLICY PROVISIONS.					

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04/09/2019

AUTHORIZED REPRESENTATIVE