MICRO3

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 58944

DATE (MM/DD/YYYY) 09/05/2019

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. 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 any rights to the certificate holder in lieu of such endorsement(s).

t	nis certificate does not confer any rights	to the	certificate holder in lieu o				a 1 a 1 1 1		(A-12 *1	
PRODUCER					CONTACT Tim Laudenback					
INSPRO Insurance, Inc.					PHONE (A/C, No, Ext): 402-333-5700 FAX (A/C, No): 402-333-0633					
	702 Westport Parkway, Suite #301	ss: tlauden	back@insp	roins.com		, a messes and				
LaVista, NE 68138						INSURER(S) AF	FORDING COVERAGE	- 10	NAIC#	
402 333-5700					INSURER A: The Hartford 22357					
INSURED					INSURER B:					
Microfilm Imaging Systems, Inc.				INSURER C: 400000 15000 1 0.05-2019						
2530 Harney St				INSURER D:						
Omaha, NE 68131				INSURER E:						
				INSURER F:						
	VERAGES CERTIF	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 INS	DL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY		91SBARP7630		Name and Advanced Control of the Con		EACH OCCURRENCE	\$1,00	0,000	
	CLAIMS-MADE X OCCUR		22				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	,000	
				4			MED EXP (Any one person)	\$10,0	00	
*					343	B 4	PERSONAL & ADV INJURY	\$1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				# g	N.	GENERAL AGGREGATE	\$2,00	0,000	
	POLICY PRO- JECT LOC				(8)	20	PRODUCTS - COMP/OP AGG	\$2,00	0,000	
	OTHER:		5 0		**			\$	*	
Α	AUTOMOBILE LIABILITY		91UECIY9485		08/20/2019	08/20/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	X UMBRELLA LIAB X OCCUR		91SBARP7630		08/20/2019	08/20/2020	EACH OCCURRENCE	\$4,00	0,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000	0,000	
	DED X RETENTION \$10000						\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		91WECBV9686	·	08/20/2019	08/20/2020	X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y N /	^					E.L. EACH ACCIDENT	\$500,0	000	
	(Mandatory in NH)	^				Na .	E.L. DISEASE - EA EMPLOYEE	MPLOYEE \$500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$500,000		000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER				CANCELLATION En						
Dodge County Assessor 435 N Park Ave, Ste 202 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.						
				Geffrey S. Gorgenson						