

CERTIFICATE OF LIABILITY INS

Wdvdu DATE (MM/DD/YYYY)

11/01/2019

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPAN' HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060

CONTACT CLIENT CONTACT CENTER							
PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446	FAX (A/C, No): 507-446-4664					
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM							
INSURER(S) AFFORDIN	NAIC #						
INSURER A: FEDERATED MUTUAL IN	13935						
INSURER B:							
INSURER C:							
INSURER D:							
INSURER E:							
INSURER F:							

COVERAGES

NORTH BEND, NE 68649-4417

INSURED G & R ELECTRIC 610 E 6TH ST

CERTIFICATE NUMBER: 8

REVISION NUMBER: 0

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.

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000		
А	CLAIMS-MADE X OCCUR X BUSINESS OWNER'S LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PRO- LOC	N	ř l			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
							MED EXP (Any one person)			
			N 6040550	01/01/2020	01/01/2021	PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	\$2,000,000		
							PRODUCTS - COMP/OP AGG	\$2,000,000		
	OTHER:									
А	AUTOMOBILE LIABILITY		N 60405		551 01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY	N		6040551			BODILY INJURY (Per person)			
							BODILY INJURY (Per accident)			
							PROPERTY DAMAGE (Per accident)			
А	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE N					EACH OCCURRENCE	\$2,000,000			
		N	N	N 6040552	01/01/2020	01/01/2021	AGGREGATE	\$2,000,000		
	DED RETENTION									
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					X PER STATUTE OTH-				
		1	N	6036671	01/01/2020	01/01/2021	E.L. EACH ACCIDENT	\$500,000		
							E.L. DISEASE - EA EMPLOYEE	\$500,000		
							E.L. DISEASE - POLICY LIMIT	\$500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

CERTIFICATE HOLDER

CANCELLATION

399-117-1

DODGE COUNTY HIGHWAY DEPT 435 N PARK AVE STE 204 FREMONT, NE 68025-4977

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

