

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/25/2019

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).

t	this certificate does not confer rights to the certificate holder in lieu of s		s).	<u> </u>				
	ODUCER	CONTACT NAME: Lauren Turner						
10	thur J. Gallagher Risk Management Services, Inc. 176 Highland Colony Parkway, Suite 300	PHONE (A/C; No, Ext); 601-605-3135 FAX (A/C; No);						
Ri	dgeland MS 39157	E-MAIL ADDRESS: lauren_t	urner@aig.co	om				
		- 11/301		RDING COVERAGE		NAIC#		
		INSURER A : Everest	STREET SPAN SING OVER 17 IN			10120		
	URED WARDHOM-01	INSURER B : Navigat			+	42307		
M	ardcraft Homes, Inc.	INSURER C:		42301				
	O. Box 55 ay Center, KS 674320055	INSURER D :						
"	URED (ardcraft Homes, Inc. O. Box 55 ay Center, KS 674320055							
	Dega -	INSURER E :						
CC	OVERAGES CERTIFICATE NUMBER: 427885493	INSURER F:						
_	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE	VE BEEN ISSUED TO	THE INCLID	REVISION NUMBER:	UE DOLL	OV DEDIOR		
I C	NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION BERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDI XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO W	VHICH THIS		
INSF	TYPE OF INSURANCE ADDLISUBRI POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S			
	COMMERCIAL GENERAL LIABILITY	, , , , , , , , , , , , , , , , , , ,	(111111)	EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
				MED EXP (Any one person)	\$			
				PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$			
	POLICY PRO- LOC		Na.	PRODUCTS - COMP/OP AGG				
	OTHÉR:		}	- FRODUCTS* COMPJOP AGG	\$			
Á	AUTOMOBILE LIABILITY CF8CA00018 191	11/24/2019	11/24/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	700		
	X ANY AUTO	1.024/2010	11/24/2020	(Ea accident) BODILY INJURY (Per person)	\$ 1,000,0			
	OWNED SCHEDULED			BODILY INJURY (Per accident)	\$.			
	X AUTOS ONLY X NON-OWNED X NON-OWNED	Á		[18] [18] [18] [18] [18] [18] [18] [18]	1000			
	AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$			
В	X UMBRELLA LIAB X OCCUB HO19EXC884119IV	1/10/100/10			\$			
ь	EVOTOS LIAR	11/24/2019	11/24/2020	EACH OCCURRENCE	\$5,000,0	000		
	DED RETENTION\$			AGGREGATE	\$5,000,0	000		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7		PER OTH-	-			
	ANYODODDETODDADTNEDZEVEOUTIVE 1/N			E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBEREXCLUDED?			E.L. DISEASE - EA EMPLOYEE				
	II yes, describe under DESCRIPTION OF OPERATIONS below			Communa - the residence of the community with the community was the community of the community with the community was the community of the community with the community was the community was the community with the community was the community with the community was the community was the community with the community was the community was the community was the community with the community was the commu	\$			
				and produced in other times	Ψ			
		87						
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule	, may be attached if more	space is require	ed)				
	and the second of the second o		9	RECEIVE CONTRACTOR	#8 5	9		
CEF	RTIFICATE HOLDER	CANCELLATION		養而 異				
-		J. HOMERHON		30 I				
	Dodge County Highway Department 435 N Park Fremont NE 68025	SHOULD ANY OF THE ABOVE DESCRIBED POTICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISION WITHORIZED REPRESENTATIVE						
	USA C							

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Client#: 5060

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2019

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.

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PRODUCER	-	CONTACT Jenni Marino CIC, ARM, CRIS										
Holmes Murphy-Kansas City	PHONE (A/C, No, Ext): 816 857 7812 FAX (A/C, No):											
1828 Walnut Street Suite 701	E-MAIL ADDRESS: jmarino@holmesmurphy.com											
Property Casualty/MM-KC			INSURER(S) AFFORDING COVERAGE					NAIC#				
Kansas City, MO 64108	INSURER A: Acuity					14184						
INSURED	INSURER B : Midwest Builders Casualty Mutual Co					13126						
Wardcraft Homes, Inc.	INSURER C:											
PO Box 55	INSURER D:											
Clay Center, KS 67432	INSURER E :											
	INSURER F:											
		TE NUMBER:				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	ADDL SU	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;					
A X COMMERCIAL GENERAL LIABILITY		ZE4856		11/24/2019	11/24/2020	EACH OCCURRENCE	\$1,000	0,000				
CLAIMS-MADE X OCCUR			*			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,0	000				
						MED EXP (Any one person)	\$10,00	00				
						PERSONAL & ADV INJURY	\$1,000	0,000				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000	0,000				
POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000	0,000				
OTHER:						·	\$					
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO						BODILY INJURY (Per person)	\$					
OWNED SCHEDULED						BODILY INJURY (Per accident)	\$					
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
ACTOS CINET							\$					
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$					
DED RETENTION \$							\$					
WORKERS COMPENSATION		WC10000011782		01/01/2020	01/01/2021	X PER STATUTE ER						
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE		F2029 - 0 - 0				E.L. EACH ACCIDENT	\$1,000	,000				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E,L. DISEASE - EA EMPLOYEE	\$1,000	,000				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000	,000				
						0						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACC	ORD 101, Additional Remarks Schedu	ule, may	be attached if mo	re space is requ	RECEIV Co Hy	DEC -9 PM 12					
CERTIFICATE HOLDER			CANC	CANCELLATION								
Dodge County Hway De	partme	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA REOF, NOTICE WILL BE	NCELLE E DELIV	D BEFORE /ERED IN						

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

435 N. Park Fremont, NE 68025