ACORD.

## CERTIFICATE OF LIABILITY INSURANCE COLOR

DATE (MM/DD/YYYY)					
093 ñ 1 /22	/2020				

ACCID <sup>IM</sup> CENTIFICAT	ILOFLIADI		DIDAM	p Pebble "	(mina	01/23	/2020		
THIS CERTIFICATE IS ISSUED AS A MATTER OF IN CERTIFICATE POES NOT AFFIRMATIVELY OR NE BELOW, THIS CERTIFICATE OF INSURANCE POES REPRESENTATIVE OF PROBUEER, AND THE CER	S NOT CONSTITUTE AG	CONTRACT BETW	FEN THE ICC	THNCHICH	E O LI	OLDER. POLICI	THIS IES		
REPRESENTATIVE OR PROBLET, AND THE CENTRE IMPORTANT: If the certificate holder is an ADDITION OF THE CENTRE IN THE	rtificate nolder in lieu of	t sucn endorseme	nt(s).	MSHED uire an endo	rsement. A	of ME.	orsed. nt on		
PRODUCER		CONTACT Teresa	Kenney						
INSPRO Insurance		PHONE (A/C, No, Ext): 402-94	11-1921	la la	(A/C, No	402-72	21-2844		
P.O. Box 689 Fremont, NE 68026		E-MAIL ADDRESS: tkenney	@insproins	s.com	ð	E .	7		
402 721-9707		INSURER(S) AFFORDING COVERAGE 15,ho; NAIC #							
		INSURER A : Employers Mutual Insurance 21415							
Platte Township		INSUAGenda Item # 2600							
c/o Ron Vlach 1500 W Military Ave	H	Insurprete 2/2-2/12/							
Fremont, NE 68025		INSURER D:							
		INSURER E :							
COVERAGES CERTIFICATE NU		INSURER F :		REVISION N	UMBER:				
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, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. L	TERM OR CONDITION OF INSURANCE AFFORDED	ANY CONTRACT O BY THE POLICIES E BEEN REDUCED	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH	H RESPECT	TO WHI	CH THIS		
NSR TYPE OF INSURANCE ADDL SUBRINSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	TS			
	D65592	01/01/2020	01/01/2021			\$1,000	,000		
CLAIMS-MADE X OCCUR				DAMAGE TO RE PREMISES (Ea	occurrence)	\$300,0			
		1		MED EXP (Any		\$5,000			
OFAIL ACORFOATE LIMIT APPLIES DED.				PERSONAL & A		\$1,000			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGG		\$2,000			
POLICY JECT LOC				PRODUCTS - C	OMP/OP AGG	\$2,000	,000		
OTHER:  A AUTOMOBILE LIABILITY  4	E65592	01/01/2020	01/01/2021	COMBINED SIN (Ea accident)	GLE LIMIT	s1,000	000		
X ANY AUTO	100002	01/01/2020	01/01/2021	(Ea accident) BODILY INJURY		\$ 1,000	,000		
OWNED SCHEDULED				BODILY INJURY	Commence of the commence of th				
X HIRED XUTOS ONLY X NON-OWNED AUTOS ONLY			İ	PROPERTY DAI (Per accident)		\$			
ACTOS GIVET			1	(i el accident)		\$			
UMBRELLA LIAB OCCUR				EACH OCCURR	ENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE		\$	25-400-6915-0V-0		
DED RETENTION\$				- 4		\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER STATUTE	OTH- ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCI	DENT	\$			
(Mandatory in NH) If yes, describe under			1	E.L. DISEASE - I	EA EMPLOYEE	\$			
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - F	POLICY LIMIT	\$			
					<b>a</b> 5	<u>.a</u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101	1, Additional Remarks Schedule	e, may be attached if mo	re space is requir	ed)	0 0	3 3 3			
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					<del>\</del>	ربې			
CERTIFICATE HOLDER	, c	CANCELLATION			(D	N			
Dodge County Highway Dept. Attn: Jean Andrews 435 N Park, Room 204		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Fremont, NE 68025	AUTHORIZED REPRESENTATIVE								
Tromong his 00020		Ronball L. Eikmien							
19		Hanball L	· Estem	non			- 1		