No. 2326

P. 2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2020

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.	nis certificate does not confer rights t	to the	e cert	ificate holder in lieu of si			<b>).</b>				
PRODUCER CONTACT NAME; Louanne Kampschnelder											
DODGE INSURANCE LLC					PHONE (A/C, No. Extt. (402) 693-2201 FAX (A/C, No.): (402) 693-2750						
PC	D Box 127; 439 2nd St	1	CO. 1	3	ADDRESS: dodgeinsurance@gpcom.net						
	odge, NE 68633-0127				ADDRE			~~			
DC	10ge, NE 00033-0127				<u> </u>	IN	BURER(S) AFFO	RDING COVERAGE			NAIC #
~					INSURER A:						
INS(	দর্চ Pleasant Valley Townsh			· ()	insurer B: Employers Mutual Casualty Co.						
	Pleasant valley Townsi	пþ			INSURER C:						
	Bernard Bunn				INBURER D: Agenda Item # 22a						
	958 County Road 4				INSURE	-	<u> </u>	alisti			Marrie America
	Scribner, NE 68057				INSURE	1100	re	3/25/2	-0	1450	
CO		TIEI	CATE	NUMBER:	IMADKE	KF:		REVISION NU	MDED.	Name of Street	
	HIS IS TO CERTIFY THAT THE POLICIES				VC pcr	A IPOLIED TO	THE INCHE			Ur no	LIOV DEDICE
11	IDICATED. NOTWITHSTANDING ANY RI	EQUI.	REME	NT. TERM OR CONDITION	OF AN	Y CONTRACT	COR OTHER	DOCUMENT W	ITH RESPE	CT TO	WHICH THIS
C	ERTIFICATE MAY BE ISSUED OR MAY	PER'	TAIN.	THE INSURANCE AFFORD	PD BY	THE POLICIE	S DESCRIBE	D HEREIN IS S	SUBJECT T	O ALL	THE TERMS.
	XCLUSIONS AND CONDITIONS OF SUCH	POLI	ÇIEŞ.	LIMITS SHOWN MAY HAVE	BEEN			ı	STEAR CO.	500 1 101000111111	VALUE OF THE PROPERTY OF THE P
ínsr Ltr	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	à	
	COMMERCIAL GENERAL LIABILITY	1						EACH OCCURRE	NOE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO REN	ITED	\$	
	SEXMINE WINDLE FY GOODK	1				1		PREMISES (Ea oc		333	300,000
_				000 00 70 04		nlalesss	a la le sa s	MED EXP (Any on		\$	5,000
В	<del></del>			OD9-06-79-21		3/7/2020	3/7/2021	PERSONAL & ADV	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	EGATE	\$	2,000,000
	FOLICY PRO LOC							PRODUCTS - COM	MP/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUYOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	ELIMIT	\$	1,000,000
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
В	OWNED SCHEDULED AUTOS			OE9-06-79-21	- 1	3/7/2020	3/7/2021	BODILY INJURY (F	Per accident)	\$	
100	HIRED NON-OWNED			040-00-10-21		3///2020	3///2021	PROPERTY DAMA	'AF '	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		2	
	IMBBELLATIAR									\$	
	UMBRELLA LIAB OCCUR				- 1			EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE				- 1			AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1					PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	ENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			N/A					E,L. DIŞEAŞE - EA	EMPLOYEE !	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			3				E.L. DISEASE - PO	LICY LIMIT	\$	
									140		
			1						<b>P</b>	2	
DESC	RIPTION OF OPERATIONS / LOGATIONS / VEHICL	FS (A	CORD	101. Additional Remarks Schedul	e may be	allached if more	s xpace le regule	ad)	<u>ag</u>	8	
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201	6 Caterpillar 12M3, ID# N9B00284	4							00	1	
	o dato.p.i								工四	9	1
Way Company of the co											
CERTIFICATE HOLDER CANCELLATION											
J L.I	THIOCHE HOLDER	-			OANO	HEATION		4000	P	-	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							IVERED IN				
							2000 to 59 million 20052				
	AUTHORIZED REPRESENTATIVE							, )			
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No. 7621 P. 1/1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/30/2019

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). PRÓDUCER CONTACT NAME: Steve Swanson Swanson Insurance and Real Estate PHONE (AIC, No. Ext): (402) 664-3500 E-MAIL ADDRESS: swnInsre@gpcom (402) 664-9415 505 Main Street swnlnsre@gpcom.net PO Box 408 INSURER(S) AFFORDING COVERAGE NAIC # Scribner 88057-0408 EMC Insurance Companies INSURER A : INSURED INSURER B: LOGAN TOWNSHIP, DODGE COUNTY INSURER C: Agenda Item 22a C/O BRUCE BRANDENBURG INSURER D PO BOX 251 INSURER E: **UEHLING** NE 68063 INSURER F: COVERAGES CERTIFICATE NUMBER: CL1892000944 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1000000 DAMAGE TO RENTED S CLAIMS-MADE X OCCUR 300000 PREMISES (Ea occurrence) 5000 MED EXP (Any one person) 1X0-55-64 08/18/2019 08/18/2020 1000000 PERSONAL & ADV INJURY Ş GEN'L AGGREGATE LIMIT APPLIES PER; 2000000 GENERALAGGREGATE PRO. POLICY 2000000 PRODUCTS - COMPIOP AGG OTHER: 5 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 3 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED Α 1X0-55-64 08/18/2019 08/18/2020 AUTOS ONLY HIRED BODILY INJURY (Per accident) 5 PROPERTY DAMAGE (Per accident) AUTOS ONLY 5 \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** RETENTION S . DÉD WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH-PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 500000 E.L. EACH ACCIDENT N/A 1X0-55-84 08/18/2019 08/18/2020 E.L. DISEASE - EA EMPLOYEE 500000 If yes, describe under DESCRIPTION OF OPERATIONS below 500000 E.L DISEASE - POLICY LIMIT 8 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 12 ED CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Dodge County Highway Dept. 435 N. Park AUTHORIZED REPRESENTATIVE Courthourse, Room 204 Fremont NE 68025

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L	ACORD CERTI	FICATE OF LIABI				03/09/2020			
PRO	North Bend Insur	cance Agency, Inc.	ONLY AN	D CONFERS N	UED AS A MATTER CO O RIGHTS UPON TH	IE CERTIFICATE			
e.	616 Main Street		ALTER T	HOLDER. THIS CENTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
	P.O. Box 10	60640	iji riimitaajyy	INSURERS	Affording Coverac	3E			
North Bend, NE 68649  INSURER A: Employers Mutual Casualty Co.									
	Union Township		INSURER B:	EMPYGAETS 13	denot contains				
	1571 County Rd.	. 2 ac t A	INSURER C:	Adondola					
	North Bend, NE		INSURER D:						
CO	INBURER E: 3725/26								
· TI	HE POLICIES OF INSURANCE LISTE	D BELÖW HAVE BEEN ISSUED TO THE	NSURED NAMED A	BOVE FOR THE PO	LICY PERIOD INDICATED.	NOTWITHSTANDING			
·M	AY PERTAIN, THE INSURANCE AFF	IDITION OF ANY CONTRACT OR OTHE ORDED BY THE POLICIES DESCRIBED WN MAY HAVE BEEN REDUCED BY PAII	Herein is Subjec D'CLAIMS.	T TO ALL THE TER	MS, EXCLUSIONS AND GO	MAY BE ISSUED OR			
NSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)					
	GENERAL LIABILITY		03/10/2020	02/10/2021	EACH OCCURRENCE	\$ 1,000,000			
A	X COMMERCIAL GENERAL LIABILITY	8D4 61 50	103/10/2020	03/10/2021	FIRE DAMAGE (Any one fire)	s 100,000			
	CLAIMS MADE OCCUR		1		MED EXP (Any one person) PERSONAL & ADV INJURY	5.000 5 1,000,000			
		JR 20	<b>*</b>	N 20 20	GENERAL AGGREGATE	\$ 2,000,000			
	GENT AGGREGATE LIMIT APPLIES PER:	And an experience of the second	. a .,11, r	F 700 200 300 3	PRODUCTS - COMP/OP AGG	\$ 2,000,000			
	X POLICY PRO- LOC								
	AUTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	* 1,000,000			
Λ	X SCHEDULED AUTOS	8E4 16 50	03/10/2020	03/10/2021	BODILY INJURY (Per person)	\$			
	X HIRED AUTOS  NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accidem)	\$ .			
	GARAGE LIABILITY	,		1	AUTO ONLY - EA ACCIDENT	\$			
	ANY AUTO				OTHER THAN EA ACC	\$			
···					AUTO ONLY: AGG	\$			
	EXCESS LIABILITY				EACH OCCURRENCE	\$			
	OCCUR CLAIMS MADE	,		•	AGGREGATE	5			
	DEDUCTIBLE					\$			
	RETENTION \$		1			9			
	WORKERS COMPENSATION AND				福 × 部份保护				
71	EMPLOYERS' LIABILITY	98H4 61 50	03/10/2020	03/10/2021	ELL EACH ACCIDENT	\$ 500,000			
A	8	. OITE OI DO	73/ 10/ 2020	00/ 10/ 2021	EL DISEASE - EA EMPLOYEE				
	OTHER		-		EL DISEASE - POUCY LIMIT	• 500.000			
Ą	Errors & Omissions	8K4 61 50	03/10/2020	03/10/2021	Aggregate Limi				
OES(	CRIPTION OF OPERATIONS/LOCATIONS/VE	PHICLES/EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVISION	VS	and C	\$ 1,000,000			
•			*		(i):	97791 MAR			
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	** O 5								
CE									
CERTIFICATE HOLDER ADDITIONAL INSURED;									
	Dodge County Highway	Department		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL O DAYS WATTEN					
	Dodge County Courtho			NOTICE TO THE CERTIFICATE HOLDER MAKED TO THE LEFT, BUT PAILURE TO DO SO SHALL					
	435 N. Park			impose no obligation or liability of any kind upon the insurer, its agents of					
	Fremont, NE 68025		Commence of the Commence of th	REPRESENTATIVES.					
10000		: 402=727-2723	AUTHORIZED REI	RESENTATIVE	- L. J.	le -			
Total - Viller - Viller									
45.6	ACORD 25-S (7/97)								

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	-Mar.	20.	2020	2:59PM
4	COK			CI

DATE (MM/DD/YYYY)

No. 7634 \_P. ERTIFICATE OF LIABILITY INSURANCE 3/20/2020 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS ECERTIFICATE 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(les) must 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) contact Karleen Meyer PRODUCER PHONE (402) 664-3500 E-MAIL FAX (A/C, No): (402) 664-3415 Swanson Insurance and Real Estate 505 Main Street ADDRESS: P.O. Box 408 INSURER(S) AFFORDING COVERAGE NAIC # Scribner 68057-040B NE. INSURERA: EMC Insurance Companies INSURED INSURER B : Cuming Township Dodge County Agenda Item # 22a INSURER C: c/o Mark Langemeier INSURER D: 1444 CR E INSURER E : scribner 68057 INSURER F: COVERAGES CERTIFICATE NUMBER: CL1733000398 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1000000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E8 occurrence) CLAIMS-MADE A OCCUR S QQ000E 2X4 92 39 4/7/2020 4/7/2021 5000 MED EXP (Any one person) 3 PERŞQNAL & AQV INJURY 1000000 S GEN'L AGGREGATE LIMIT APPLIES PER: 2000000 GENERALAGGREGATE POLICY PRODUCTS - COMP/QP AGG 2000000 S S OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY s 1000000 2x4 92 39 5 4/7/2020 4/7/2021 BODILY INJURY (Fer person) ANY AUTO A ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) S AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS 5 s UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESSI IAB** CLAIMS-MADE AGGREGATE S DED RETENTION 5 8 WORKERS COMPENSATION x PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 100000 N/A OFFICER/MEMBER EXCLUDED? 2%4 92 39 4/7/2020 (Mandatory In NH) 4/7/2021 E.L. DISEASE - EA EMPLOYEE 100000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 5 500000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) NED CERTIFICATE HOLDER CANCELLATION (C) 100 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Dodge County Hwy Dept ACCORDANCE WITH THE POLICY PROVISIONS.

435 N. Park Courthouse, Room 204 Fremont, NE 68025

AUTHORIZED REPRESENTATIVE

Karleen Mever/KKM

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