ACORD

# CERTIFICATE OF PROPERTY INSURANCE

7/1/20

DATE (MM/DD/YYYY)

06/15/2020

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. CONTACT NAME: PRODUCER NIRMA PHONE (A/C, No. Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230 8040 Eiger Drive E-MAIL ADDRESS: larry@nirma.info PRODUCER P.O. Box 85210 Lincoln, NE 68516 CUSTOMER ID INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: NE Intergovernmental Risk Mgmt. Assn. INSURED Dodge County 53750 INSURER B: 435 N Park INSURER C: Fremont, NE 68025 INSURER D : INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:** LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Double Drum Walk Behind Pad 3 WAC RT820, serial no. 5945877, value of \$15,000 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 POLICY EFFECTIVE | POLICY EXPIRATION TYPE OF INSURANCE POLICY NUMBER COVERED PROPERTY LIMITS DATE (MM/DD/YYYY) DATE (MM/DD/YYYY) PROPERTY BUILDING CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY \$ BUILDING BASIC **BUSINESS INCOME** S BROAD EXTRA EXPENSE CONTENTS SPECIAL RENTAL VALUE EARTHQUAKE BLANKET BUILDING WIND BLANKET PERS PROP \$ FLOOD BLANKET BLDG & PP S 7/1/2020 7/1/2021 INLAND MARINE TYPE OF POLICY Per Sched \$2,203,795 CAUSES OF LOSS NAMED PERILS POLICY NUMBER NP-2021-5 S CRIME TYPE OF POLICY \$ BOILER & MACHINERY / \$ **EQUIPMENT BREAKDOWN** SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Om Om 6 HYWED C CERTIFICATE HOLDER CANCELLATION 0 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Titan Machinery** ACCORDANCE WITH THE POLICY PROVISIONS. Attn: Dustin Ronke 3827 42nd Street AUTHORIZED REPRESENTATIVE Omaha, NE 68107



DATE (MM/DD/YYYY)

									06/	15/2020					
C B R	ERTI ELOI EPRI	FICATE DOE N. THIS CE ESENTATIVE	S NOT AFFIRM RTIFICATE OF	S A MATTER OF INFORMATION ON MATIVELY OR NEGATIVELY AMEN INSURANCE DOES NOT CONSTIT R, AND THE CERTIFICATE HOLDER.	D, EXTEND OR	ALTER THE CO	VEF	LAGE AFFORDED	BY THE	POLICIES					
PRO	DUCE	RMAIN			NAME:	100) 740, 0000		I FAY	(400)	742-0220					
		8040 E	iger Drive		(A/C, No. Ext):	102) 742-9220		FAX (A/C, N	(402)	742-9230					
		P.O. B	ож 85210		ADDRESS: Lari	ry@nirma.info	,								
		Lincol	n, NE 68516	6	CUSTOMERID:	INSURER(S) AFFOR	DING	COVERAGE		NAIC#					
INSU	RED	Dodge	County		INSURER A : NE	Intergovernm	en.	tal Risk Mgmt	.Assn.	53750					
		_	~		INSURER B:										
		435 N	Park		INSURER C:										
		Fremon	t, NE 68025	5	INSURER D:										
					INSURER E:										
					INSURER F:		<b></b>	2500M NUMBER							
		AGES		CERTIFICATE NUMBER: DEERTY (Attach ACORD 101, Additional Remarks	Palandula if management	<del></del>	RE	/ISION NUMBER:							
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		BASIC	BUILDING	i 				BUSINESS INCOME	\$						
		BROAD	CONTENTS				<u> </u>	EXTRA EXPENSE	\$						
		SPECIAL					<u> </u>	RENTAL VALUE	\$						
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		WIND					<u> </u>	BLANKET PERS PROP	\$						
		FLOOD						BLANKET BLDG & PP	\$						
					***	-	<u> </u>	ļ	\$						
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CF	RTIF	ICATE HOLD	)ER		CANCELLAT	ION		· · · · · · · · · · · · · · · · · · ·							
	111	Caterpi Attn: Er	llar Financial S	Services Corporation	SHOULD AN THE EXPIRA ACCORDANG	Y OF THE ABOVE DE TION DATE THEREC DE WITH THE POLIC	F, N	RIBED POLICIES BE OTICE WILL BE DEL ROVISIONS.							
			lest End Aveni le, TN 37203	ue	AUTHORIZED RE	PRESENTATIVE		Jones 6	Rela	Z					



DATE (MM/DD/YYYY)

06/15/2020 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. PRODUCER NIRMA PHONE (AC, No. Ext): (402)742-9220 E-MAIL ADDRESS: larry@nirma.info PRODUCER FAX (A/C, No): (402) 742-9230 8040 Eiger Drive P.O. Box 85210 CUSTOMERID Lincoln, NE 68516 INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: NE Intergovernmental Risk Mgmt. Assn. INSURED 53750 Dodge County INSURER B INSURER C: 435 N Park Fremont, NE 68025 INSURER D : INSURER E : INSURER F : **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER:** LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Romarks Schedule, if more space is required) RE: Rental Agreement No. 126020 - 2019 John Deere 644K Wheel Loader, serial no. 1DW644KZTJF691955, value of \$380,000 Murphy Tractor & Equipment Co., Inc. is considered a loss payee with respects to specified equipment for the duration of the Insured's legal interest in the property 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 RECUCED BY PAID CLAIMS. POLICY EFFECTIVE | POLICY EXPIRATION COVERED PROPERTY LIMITS TYPE OF INSURANCE **POLICY NUMBER** LTR PROPERTY BUILDING CAUSES OF LOSS PERSONAL PROPERTY DEDUCTIBLES BUILDING BUSINESS INCOME BASIC BROAD EXTRA EXPENSE CONTENTS RENTAL VALUE SPECIAL EARTHQUAKE BLANKET BUILDING BLANKET PERS PROP GNIW BLANKET BLOG & PP FLOOD <sub>\$</sub>4,757,292 7/1/2020 7/1/2021 Per Sched INLAND MARINE TYPE OF POLICY CAUSES OF LOSS NAMED PERILS POLICY NUMBER \$ NP-2021-5 CRIME S TYPE OF POLICY \$ \$ BOILER & MACHINERY / \$ EQUIPMENT BREAKDOWN 5 8 SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Murphy Tractor & Equipment Co., Inc. ACCORDANCE WITH THE POLICY PROVISIONS. 9751 S 148th Street AUTHORIZED REPRESENTATIVE Omaha, NE 68138 ug Orela

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DATE (MM/DD/YYYY) 06/15/2020

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	UCEF					CONTACT NAME:						·····					
			iger Drive				102) 742-9220		FAX	X C, No):	(402)	742-9230					
			ox 85210			E-MAIL ADDRESS: larr	y@nirma.info	)									
			n, NE 6851	c		PRODUCER CUSTOMER (D:											
			<u> </u>				INSURER(S) AFFOR	RDING	COVERAGE	T		NAIC#					
INSU	RED	Dodge	County			INSURERA:NE Intergovernmental Risk Mgmt.Assn. 53750											
						INSURER B:											
		435 N		_		INSURER C:						<del></del>					
		Fremon	t, NE 6802	5		INSURER D:											
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	<del>/CD</del>			ASSTRUCTOR NUMBER		INSURER F:		n=1	UCION NUMBER								
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		BASIC	BUILDING						BUSINESS INCOM	1E	\$						
		BROAD	CONTENTS	1					EXTRA EXPENSE		\$						
		SPECIAL	1						RENTAL VALUE	-	\$						
		EARTHQUAKE							BLANKET BUILDIN	4G	\$						
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			llar Financial ndre Simpson	Services Corporation		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
		2120 W	est End Aven	ue		AUTHORIZED REP	RESENTATIVE					7					
		Nashvil	le, TN 37203				,		Jones (	3/2	266	r					



DATE (MM/DD/YYYY)

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Nashville, TN 37203



DATE (MM/DD/YYYY)

06/15/2020 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. PRODUCER NIRMA PHONE (402) 742-9220 FAX [A/G, No]: (402) 742-9230 (AG.No.Ext): (402)742-9220 (AG.No.Ext): (402)742-9220 E-MAIL ADDRESS: larry@nirma.info PRODUCER 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516 CUSTOMER ID INSURER(S) AFFORDING COVERAGE NAIC# INSURERA: NE Intergovernmental Risk Mgmt. Assn. INSURED Dodge County 53750 INSURER B 435 N Park INSURER C Fremont, NE 68025 INSURER D: INSURER E : INSURER F: COVERAGES REVISION NUMBER: CERTIFICATE NUMBER: LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: 2019 Caterpillar 12M3AWD Motor Grader, serial no. N9B00981, value of \$315,420 Caterpillar Financial Services Corporation is considered a loss payee with respects to specified equipment for the duration of the Insured's legal interest in the property 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 POLICY EFFECTIVE POLICY EXPERATION TYPE OF INSURANCE POLICY NUMBER COVERED PROPERTY LIMITS DATE (MM/DD/YYYY) DATE (MM/DD/YYYY) PROPERTY BUILDING CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY BUILDING BASIC BUSINESS INCOME BROAD EXTRA EXPENSE CONTENTS SPECIAL RENTAL VALUE EARTHQUAKE BLANKET BUILDING WIND BLANKET PERS PROP FLOOD BLANKET BLDG & PP 7/1/2021 X INLAND MARINE 7/1/2020 TYPE OF POLICY Per Schedule \$5,309,571 CAUSES OF LOSS NAMED PERILS POLICY NUMBER NP-2021-5 CRIME TYPE OF POLICY \$ BOILER & MACHINERY / \$ EQUIPMENT BREAKDOWN \$ SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Caterpillar Financial Services Corporation** ACCORDANCE WITH THE POLICY PROVISIONS. Attn: Zach Fisher AUTHORIZED REPRESENTATIVE 2120 West End Avenue Jung Ocelan Nashville, TN 37203

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Date Entered: 3/6/2020

ACORÉ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2020

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.

	OGATION IS WAIVED, subject tificate does not confer rights to							equire an endorsement.	A sta	atement on	
PRODUCER					Co	NTACT ME:	<del>′</del>				
	NIRMA				탨	ONE C. No. Ext): (402	742-9220	FAX (A/C, No): (	402)	742-9230	
	8040 Eiger Drive				E-N	MAIL DRESS: larry(	nirma.info				
	P.O. Box 85210				Г		NSURER(S) AFFOR	IDING COVERAGE		NAIC#	
	Lincoln, NE 68516				INS	SURERA: NE IN	tergovernme	ntal Risk Mgmt.Assn	•	53750	
INSURED	Dodge County				INS	SURER B:					
					INS	SURER C:					
	435 N Park				INS	SURER D:				**	
	Fremont, NE 68025				INS	SURER E:	······				
					INS	SURER F:				<del>~</del>	
COVERA		<u> </u>		NUMBER:	\ <i>11</i> =	DEEN JOOUEN 3	• • • • • • • • • • • • • • • • • • • •	REVISION NUMBER:	<b>5</b> 001	IOV DEDIOD	
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	TO CHUMP-MADE (SZ) GOODY			1, 2021				T TALTIMOLO (LLI GOGGITOTICO)	\$ \$		
								PERSONAL & ADV INJURY	\$		
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P	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
C	OTHER:								\$		
AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Es accident)	\$		
	NY AUTO		Ì					BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							L	\$		
A	IRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			<u> </u>						\$		
	IMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$		
E	XCESS LIAB CLAIMS-MADE							AGGREGATE :	\$		
	DED RETENTION \$ ERS COMPENSATION		<del> </del>						\$		
AND E	MPLOYERS' LIABILITY Y/N					ł Ļ		PER OTH- STATUTE ER			
OFFICE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A							\$		
If yes, o	atory in NH) describe under							E.L. DISEASE - EA EMPLOYEE			
DESCE	RIPTION OF OPERATIONS below		<del> </del>					E.L. DISEASE - POLICY LIMIT	\$		
}				V.		!					
DESCRIPTIO	N OF OPERATIONS / LOCATIONS / VEHICL	ES (A)	L CORD 1	   D1. Additional Remarks Schedule.	. mav	be attached if more	i space is required)				
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ľ	of Metropolitan Community (										
Metropo	litan Community College is c	onsi	dere	d an additional insured	d w	ith respects t	o liability cov	/erage			
CERTIFIC	CATE HOLDER				C	ANCELLATIO	V				
	Metropolitan Community P.O. Box 3777	Col	lege		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS,						
	Omaha, NE 68103-0777								1		
					AUTHORIZED REPRESENTATIVE						

Date Entered: 11/26/2019

# **ACORD**

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

STENDA  8040 Edger Drive P.O. Box 55210 Lincoln, NB 68516  MEMBER 3.  18808RB. 1887XB.TRANS JAFFORD COVERAGE MEMBER 3.  18808RB. 1887XB.TRANS JAFF	If SUBROGATION IS WAIVED, subject this certificate does not confer rights to				:h endorsement(s		equire an endorsement	. Ast	atement on			
8040 Eiger Drive P. O. Box 85210 Lincoln, NE 65516  MEURED Dodge County  435 N Park 435	PRODUCER				NAME:							
P.O. Box 85210  Dincoln, NS 69516  MBULER A, NS Intergrovermental Risk Myst. Assn. 53750  MBULER A, NS Intergrovermental Risk Myst. Assn. 53750  MBULER B, NS INTERPOLICE SOFT MAN BEAUTY THAT THE POLICE SOFT MISSISSED TO THE MISSISSED MISSI					PHONE LUC No Evel. (402	742-9220		(402)	742-9230			
HIGHER IS ASSESSED TO CERTIFY CATE NUMBER:  THIS IS TO CERTIFY CATE NUMBER:  THE COUNTY CATE NUMBER:  THIS IS TO CERTIFY CATE NUMBER:  THE COUNTY CATE NUMBER:	•				E-MAIL ADDRESS: larry@	nirma.info	>					
MISSINGE A:						NSURER(S) AFFOR	DING COVERAGE		NAIC#			
### ACTOR OF PREATORS   MATERIAL AND ACTOR OF PREATORS   MATERIAL	•				INSURERA: NE In	tergovernme	ntal Risk Mgmt.Assı	n.	53750			
## A35 N Park Frement, NE 68025    MSUBER 1:   MSUBER	MSURED Dodge County				INSURER B:							
PERSONNEL NEW GROUP SOURCE INTO THE POLICY ENGINEERS CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANEO ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OF OTHER DOCUMENT WITH RESPECT TO WHIGH THIS CERTIFICATE MAY BE SOURCE OF BUCH PERIOD. MAY PERIOD ANY BE SUBJECT OF BUCH PERIOD. MAY PERIOD OF BUCH PERIOD. MAY PERIOD. MAY CONTRACT OF OTHER DOCUMENT WITH RESPECT TO WHIGH THIS CERTIFICATE MAY BE SOURCE OF BUCH PERIOD. MAY CONTRACT OF SUCH PERIOD. MAY PERIOD. POLICY RUMBER.    TYPE OF INJURIES.   DOCUMENT OF SUCH PERIOD.	405 27 70 1				INSURER C:							
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MED EXP (Any one person) \$  PERSONAL & ADVINUARY \$  GENT AGGREGATE LIMIT APPLIES PER POLICY   \$60°   LOC  OTHER ANY AUTO ONNED ANY AUTO ONNED AUTOS ONLY   ALTOS HIRED AUTOS ONLY   ALTOS HIRED AUTOS ONLY   AUTOS   BODILY NAURY (Per person) \$  BODILY NAURY (Person) \$  BODILY NAURY (Person) \$  BODILY NAURY (Person) \$  BODILY NAURY (Person) \$  BODILY NAURY (Pe		×		N-2021-5	7/1/2020	7/1/2021	DAMAGE TO RENTED		00,000			
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UMBRELLA LIAB   CLAIMS MADE   EXCESS LIAB   CLAIMS MADE   S	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PERMITTION OF ARTHER PROPERTY OF A CONTROL OF A	EXCESS LIAB CLAIMS-MADE			***	hammer the first		AGGREGATE	\$				
RE: 2019 Caterpillar 12M3AWD Motor Grader, serial no. N9B00981, value of \$315,420 Caterpillar Financial Services Corporation seconsidered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  E.L. DISEASE - POLICY LIMIT \$  E.			<u> </u>				) DED   OTU	\$				
ANY PROPRIEST COLORDO SECULIDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS JUBBON N/A  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  RE: 2019 Caterpillar 12M3AWD Motor Grader, serial no. N9B00981, value of \$315,420  Caterpillar Financial Services Corporation is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property  CERTIFICATE HOLDER  Caterpillar Financial Services Corporation  Attn: Zach Fisher  2120 West End Avenue  Nashville. TN 37203  AUTHORIZED REPRESENTATIVE	AND EMPLOYERS' LIABILITY Y/N		Ì				STATUTE ER					
RE: 2019 Caterpillar 12M3AWD Motor Grader, serial no. N9B00981, value of \$315,420  Caterpillar Financial Services Corporation is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property  CERTIFICATE HOLDER  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  E.L. DISEASE - POLICY LIMIT \$  E.L. DISEASE - POLICY LIMIT \$  SHOULD ANY be attached if more space is required)  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.	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$				
RE: 2019 Caterpillar 12M3AWD Motor Grader, serial no. N9B00981, value of \$315,420 Caterpillar Financial Services Corporation is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property  CERTIFICATE HOLDER  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville. TN 37203  AUXIORIZED REPRESENTATIVE	(Mandatory in NH)		ļ					\$				
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Caterpillar Financial Services Corporation is considered an additional Insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property  CERTIFICATE HOLDER  CANCELLATION  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  AUTHORIZED REPRESENTATIVE	PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PE	EG (AG			may be assessed if their	space to required;						
Specified equipment for the duration of the Insured's legal interest in the property  CERTIFICATE HOLDER  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  AUTHORIZED REPRESENTATIVE	<u> </u>			·								
CERTIFICATE HOLDER  Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  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.						spects to liab	ility coverage associa	ted w	ith			
Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	specified equipment for the duration	of th	ne In	sured's legal interest in	the property							
Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CERTIFICATE HOLDER				CANCELLATION							
Nashville, TN 37203 AUTHORIZED REPRESENTATIVE	Caterpillar Financial Servi Attn: Zach Fisher	ices (	Corp	oration	SHOULD ANY O	F THE ABOVE D	REOF, NOTICE WILL					
	Nashville, TN 37203				AUTHORIZED REPRES	ENTATIVE			7 .			



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2020

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If SUBROGATION IS WAIVED, subject this certificate does not confer rights to					equire an endorsement	. Ast	atement on			
PRODUCER			CONTACT NAME:	<u> </u>						
NIRMA			PHONE (A/C, No, Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230							
8040 Eiger Drive			E-MAIL larry	nirma.info						
P.O. Box 85210										
Lincoln, NE 68516			INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: NE Intergovernmental Risk Mgmt. Assn. 53750							
INSURED Dodge County			INSURER B:							
			INSURER C:							
435 N Park			INSURER D :		·					
Fremont, NE 68025			INSURER E:							
			INSURER F:				L			
		E NUMBER:			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMI PERTAIN, POLICIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORD LLIMITS SHOWN MAY HAVE B	OF ANY CONTRAC ED BY THE POLIC	T OR OTHER I	OCCUMENT WITH RESPECT TO	O ALL	WHICH THIS			
A COMMERCIAL GENERAL LIABILITY	ADDL SUB INSD WV	D POLICY NUMBER	[MM/DD/YYYY]	(MM/DD/YYYY)	LIMIT		00,000			
		NT 0001 E	7/1/2020	7/1/2021	EACH OCCURRENCE DAMAGE TO RENTED		00,000			
CLAIMS-MADE OCCUR		N-2021-5	7/1/2020	7,1,2021	PREMISES (Ea occurrence)	\$				
					MED EXP (Any one person)	\$				
GEN'L AGGREGATE LIMIT APPLIES PER;					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$				
POLICY PRO-					PRODUCTS - COMP/OP AGG	\$				
OTHER:				į	THOSOGIO COMPTOT FICE	\$				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO				Ì	BODILY INJURY (Per person)	\$				
OWNED SCHEDULED AUTOS		t .			BODILY INJURY (Per accident)	\$				
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$				
						\$				
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EXCESS LIAB CLAIMS-MADE			ļ		AGGREGATE	\$				
DED RETENTION \$						\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			4		PER OTH- STATUTE ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$				
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$				
If yes, describe under DESCRIPTION OF OPERATIONS below	<del>  </del>				E.L. DISEASE - POLICY LIMIT	\$				
RE: Caterpillar 257D Multi Terrain Lo Caterpillar Financial Services Corpora with specified equipment for the dur	ader, se	rial no. EZW02857, valu considered an additiona	e of \$50,970 I insured with re	spects to liab		ted				
		and maureu a regar niter	· `							
CERTIFICATE HOLDER			CANCELLATION	<u> </u>						
Caterpillar Financial Serv Attn: Andre Simpson 2120 West End Avenue	ices Cor	poration	1	ON DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E Y PROVISIONS.					
Nashville, TN 37203			AUTHORIZED REPRESENTATIVE							

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 9/4/2019

DATE (MM/DD/YYYY) 6/15/2020

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		ROGATION IS WAIVED, subject rtificate does not confer rights to							require an endorsement	. A st	atement on
	DUÇER					CO	NTACT ME:	r			
		NIRMA				PH	ONE C, No, Ext): (402	742-9220	FAX (A/C, No):	(402)	742-9230
		8040 Eiger Drive				E-W	MAIL larry	nirma.info	)		
		P.O. Box 85210				AU		NAIC#			
		Lincoln, NE 68516				INS	SURERA: NE In	NSURER(S) AFFOR tergovernme	ntal Risk Mgmt Ass	n.	53750
INSL	RED	Dodge County					SURER B ;				
						INS	SURER C:				
		435 N Park				INS	URERD:				
		Fremont, NE 68025				INS	SURER E :				
L						INS	SURER F:				
_		· · · · · · · · · · · · · · · · · · ·			NUMBER:			<del></del>	REVISION NUMBER:		
IN C E	IDICA ERTIF XCLU	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH F	QUIF PERT POLIC	REMER AIN, RES. L	NT, TERM OR CONDITION THE INSURANCE AFFORD IMITS SHOWN MAY HAVE B	OF ED	ANY CONTRAC BY THE POLICI NREDUCED BY I	T OR OTHER I IES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		Type of Insurance	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<b>'</b> 5	
A	$\overline{}$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$1,0	00,000
		CLAIMS-MADE DCCUR	X		N-2021-5	į	7/1/2020	7/1/2021	DAMAGE TO RENTED PREMISES (Ee occurrence)	\$	
			Ì						MED EXP (Arry one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN"	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	Ш	POLICY JECT LOC	ļ						PRODUCTS - COMP/OP AGG	\$	
	<del>,</del>	OTHER:		ļ						\$	
	<u> </u>	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
	$\vdash$	AUTOS ONLY AUTOS ONLY	İ						(Per accident)	\$	
<u> </u>	<del>  </del> -	WARDEN AND A TOTAL				-				\$	<del></del>
	$\vdash$	UMBRELLA LIAB OCCUR	ļ						EACH OCCURRENCE	\$	
	-	EXCESS LIAB CLAIMS-MADE	ĺ						AGGREGATE	\$	
		DED RETENTION \$ KERS COMPENSATION		<del> </del>		-			PER OTH- STATUTE ER	\$	
	AND	EMPLOYERS' LIABILITY Y / N									
	OFFIC	PROPRIETOR/PARTNER/EXECUTIVE DER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes,	datory in NH) describe under		l					E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$	
-	DESC	RIPTION OF OPERATIONS below	-	<del> </del>					E.L. DISEASE - PULICY LIVIN	3	
1											
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	ORD 1	i 191, Additional Remarks Schedule,	may	be attached if more	space is required)		i	
			_	-							
1		rpillar 257D Multi Terrain Loa						11 1	41+.		
		lar Financial Services Corpora									
d55	ociat	ed with specified equipment	iort	ne o	uration of the insured	s ie	gai interest ii	n the propert	·Y		
CE	RTIF	CATE HOLDER				CA	ANCELLATION	4			
		Caterpillar Financial Servi Attn: Andre Simpson 2120 West End Avenue	ces (	Corp	oration	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Nashville, TN 37203				AU.	THORIZED REPRES	ENTATIVE	$\Rightarrow$		7
		•						6	Zony Pe	2(-10	·t

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 3/29/2019

DATE (MM/DD/YYYY) 6/15/2020

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.

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

If SUBR	OGATION IS WAIVED, subject tificate does not confer rights to	to th	e ter certif	ms and conditions of the	e policy, certain h endorsement(s	policies may r s).	equire an endorsement	. A st	atement on
PRODUCER					CONTACT NAME:				
	NIRMA				PHONE (A/C, No. Ext): (402	2) 742-9220	FAX (A/C, No):	(402)	742-9230
	8040 Eiger Drive				E-MAIL ADDRESS: larry	@nirma.info			
	Р.О. Вож 85210					INSURER(S) AFFOR	IDING COVERAGE		NAIC#
	Lincoln, NE 68516				INSURERA: NE IT	tergovernme	ntal Risk Mgmt.Assı	1.	53750
INSURED	Dodge County				INSURER B:				
					INSURER C:				
	435 N Park				INSURER D:				
	Fremont, NE 68025				INSURER E :				
					INSURER F:				
COVERA				NUMBER:			REVISION NUMBER:		
INDICAT CERTIFI	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH F	QUIR PERT OLIC	EMEN AIN, IES. L	NT, TERM OR CONDITION THE INSURANCE AFFORDI IMITS SHOWN MAY HAVE B	OF ANY CONTRAI ED BY THE POLIC	CT OR OTHER ( HES DESCRIBED	DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	OT TO S	WHICH THIS
LTR		INSD	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/OD/YYYY)	LIMIT		00.000
A X c	OMMERCIAL GENERAL LIABILITY	\/					EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,0	00,000
	CLAIMS-MADE X OCCUR	X		N-2021-5	7/1/2020	7/1/2021	PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	00 000
CENSI	AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,0	00,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:				ļ		THOUGOSO - COMPAN AGO	\$	<del> </del>
	MOBILE LIABILITY					1	COMBINED SINGLE LIMIT (Ea accident)	\$	
<del> </del>	OTUA YM						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
H	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	ACTOS CINET						Tr of tactioning	\$	
l	IMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
E	EXCESS LIAB CLAIMS-MADE				ļ		AGGREGATE	\$	
	DED RETENTION \$				į			\$	
WORK	ERS COMPENSATION		<u> </u>				PER OTH- STATUTE ER		
ANY P	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
OFFICE (Manda	ER/MEMBER EXCLUDED?	N/A	İ			}	E.L. DISEASE - EA EMPLOYEE	ş	
	describe under RPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
RE: Rent Murphy	of operations/Locations/Vehicli al Agreement No. 126020 - 20 Tractor & Equipment Co., Inc I equipment for the duration	019 . . is c	John :onsî	Deere 644K Wheel Lo	ader, serial no. sured with resp	1DW644KZTJ	F691955, value of \$38	-	
CERTIFIC	CATE HOLDER				CANCELLATIO	N			
	Murphy Tractor & Equipn 9751 S 148th Street Omaha, NE 68138	nent	Co.,	Inc.	SHOULD ANY ( THE EXPIRAT	OF THE ABOVE D	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
					AUTHORIZED REPRE	SENTATIVE			7



#### CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/28/2017

DATE (MM/OD/YYYY)

6/15/2020

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). CONTACT PRODUCER NIRMA PHONE (AC, No, Ext): (402) 742-9220 E-Mail. FAX (A)C, No): (402) 742-9230 8040 Eiger Drive E-MAIL ADDRESS: larry@nirma.info P.O. Box 85210 INSURER(S) AFFORDING COVERAGE Lincoln, NE 68516 INSURERA: NE Intergovernmental Risk Mgmt.Assn. 53750 Dodge County INSURED INSURER B: INSURER C: 435 N Park INSURER D : Fremont, NE 68025 INSURER E : INSURER F **COVERAGES** CERTIFICATE 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. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR 7/1/2020 N-2021-5 7/1/2021 PREMISES (Ea occurrence) MEO EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRO-PRODUCTS - COMP/OP AGG \$ OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 8 ANY AUTO BODILY INJURY (Per person) 5 OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 2017 Caterpillar 323FL Hydrualic Excavator, serial no. YEJ10027, value of \$225,500 Caterpillar Financial Services Corporation is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property **CERTIFICATE HOLDER** CANCELLATION Caterpillar Financial Services Corporation SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Attn: Erica Graddy 2120 West End Avenue ACCORDANCE WITH THE POLICY PROVISIONS.

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any Ocelan

Nashville, TN 37203

**AUTHORIZED REPRESENTATIVE** 



# CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/29/2014

DATE (MM/DD/YYYY) 6/15/2020

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

t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to				ch	endorsement(s				atomont on		
PRO	ODUCER AMRIN				I N/	ONTACT						
	8040 Eiger Drive				Į	IONE (C, No, Ext); (402	742-9220	[AJC, No): (4	402)	742-9230		
	P.O. Box 85210				Ā	MAIL DRESS: larry(	enirma.info	·	<del></del>			
	Lincoln, NE 68516				-		MSURER(S) AFFOR			NAIC# 53750		
เพร	URED Dodge County	·· ·· · · ·			INSURER: NE Intergovernmental Risk Mgmt.Assn. 53750							
						SURER C:						
	435 N Park					SURER D ;						
	Fremont, NE 68025				_	SURER E :				· ··· · · · · · · · · · · · · · · · ·		
					IN	SURER F:						
				NUMBER:				REVISION NUMBER:				
II C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQUIF PERT POLIC	REMEI TAIN, CIES. L	NT, TERM OR CONDITION THE INSURANCE AFFORD JIMITS SHOWN MAY HAVE E	OF IED	ANY CONTRAC BY THE POLIC N REDUCED BY	T OR OTHER ( IES DESCRIBE( PAID CLAIMS.	OCCUMENT WITH RESPECT	የ ፕስ ነ	WHICH THIS		
INSF	TYPE OF INSURANCE	INSD	SUBR W/D	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP [MM/DD/YYYY]	LIMITS				
A	COMMERCIAL GENERAL LIABILITY		-			-			1,0	00,000		
	CLAIMS-MADE X OCCUR	X		N-2021-5		7/1/2020	7/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	6			
			Ì					MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY \$	<b>,</b>			
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$	<u> </u>			
								PRODUCTS - COMP/OP AGG \$				
-	OTHER: AUTOMOBILE LIABILITY	╁—-					<u> </u>	COMBINED SINGLE LIMIT S				
	ANY AUTO					u-		(Ea accident) SODILY INJURY (Per person) \$				
	OWNED AUTOS ONLY AUTOS						j	BODILY INJURY (Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$				
	AUTOS SINET							(Per accident) \$				
	UMBRELLA LIAB OCCUR					<u> </u>		EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE \$				
	DED RETENTION \$	<u> </u>				L		s	;			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	<u> </u>			
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	<u> </u>			
	DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLICY LIMIT \$	; . <u></u>			
		}				:						
		Ì				]						
		<u>L</u>				<u> </u>						
Cer	rtificate holder is considered an ad- sociated with equipment used for c	ditio	nal i	nsured with respect to	ı lia							
CF	RTIFICATE HOLDER					ANCELLATION	.E					
<u>~_</u>	Papio-Missouri River NRD	<del></del>			<u> </u>	RINGELLATION	4			·····		
	8901 S 154th Street Omaha, NE 68138	•			l '		ON DATE THE	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE PROVISIONS.				
			-		AU	THORIZED REPRES	ENTATIVE		.0			

ACORD®

## CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 6/15/2010

DATE (MM/DD/YYYY) 6/15/2020

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.

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

tl	nis cer	tificate does not confer rights to	the	certi	ficate holder in lieu of suc	:h endorsement(s	s).		COMBIL	, ,, ,,	atomicite on
PRO	DUCER	NIRMA				CONTACT NAME;					
		8040 Eiger Drive				PHONE (402	742-9220		FAX (A/C, No);	(402)	742-9230
		P.O. Box 85210				E-MAIL ADDRESS: larry	nirma.info	)			
							INSURER(S) AFFOR	DING COVERAGE			NAIC#
		Lincoln, NE 68516				INSURERA: NE In	tergovernme	ntal Risk Mgr	nt.Assı	n.	53750
INS	IRED	Dodge County				INSURER B :					
						INSURER C :					
		435 N Park				INSURER D :					
		Fremont, NE 68025				INSURER E:					
						INSURER F:		<del>,</del>			
	VERA				NUMBER:			REVISION NUM			
IN C E	ERTIFI XCLUS	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY INTONS AND CONDITIONS OF SUCH FROM THE PROPERTY OF SUCH FROM THE PR	QUIR PERT POLIC	EMEI AIN, IES. L	NT, TERM OR CONDITION ( THE INSURANCE AFFORDS IMITS SHOWN MAY HAVE B	OF ANY CONTRAC ED BY THE POLIC EEN REDUCED BY	T OR OTHER D IES DESCRIBED PAID CLAIMS.	OCCUMENT WITH	RESPEC	TO TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		<sub>\$</sub> 1,0	00,000
		CLAIMS-MADE X OCCUR	X		N-2021-5	7/1/2020	7/1/2021	DAMAGE TO RENTER PREMISES (Ea occur	Ö rence)	\$	
	<u> </u>						]	MED EXP (Any one pe	erson)	\$	
	<u> </u>							PERSONAL & ADV IN	JURY	\$	
	GENL	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	ATE	\$	
	F	POLICY PRO-						PRODUCTS - COMP/	OP AGG	\$	
	1	OTHER:	<u> </u>	ļ						\$	
	1	MOBILE LIABILITY					]	COMBINED SINGLE I (Ea accident)	LIMIT	\$	
		ANY AUTO  SCHEDULED						BODILY INJURY (Per	person)	\$	
	A	AUTOS ONLY AUTOS NON-OWNED					]	BODILY INJURY (Per		\$	
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	-	\$	
	<del>  </del>									\$	
	H	IMBRELLA LIAB OCCUR				· [	ļ	EACH OCCURRENCE	Ξ	\$	·
		EXCESS LIAB CLAIMS-MADE				4		AGGREGATE		\$	
		DED RETENTION \$ ERS COMPENSATION						DEO	1070	\$	
	AND E	MPLOYERS' LIABILITY Y (N						PER STATUTE	OTH- ER		
	OFFICE	ROPRIETOR/PARTNER/EXECUTIVE SR/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	Γ :	\$	
	If yes, d	atory in NH) Describe under						E.L. DISEASE - EA EA	MPLOYEE	\$	
	DESCR	RIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	CYLIMIT	\$	· · · · · · · · · · · · · · · · · · ·
						Ì					•
									1		
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS / VEHICLE	S 100	OPD 4	61 Additional Remarks Schadule	may be attracted if were		<del></del>			
Ma	instre	et of Fremont is considered a						1e agreement i	t has ei	ntered	l into
CE	RTIFIC	CATE HOLDER				CANCELLATION					
	•	Mainstreet of Fremont					•				
		605 N Broad Street 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.					
		1				AUTHORIZED REPRES	ENTATIVE	Zorne	Se.	e Co	······································