Agenda	Item #	280	
Date	7/1	5/20	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2020

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 th	SUBROGATION IS WAIVED, subject is certificate does not confer rights	o the	e te	rms and conditions of the tificate holder in lieu of s	ne poli uch en	cy, certain p dorsement(s	olicies may	require an endorsement. A	statement on		
PROI	DUCER	_		.2-333-3323	CONTA NAME:	ACT _	Heinemann				
Hay:	s Companies	V	-			P45500000000000000000000000000000000000		FAX 121 612-	-373-7270		
80 South 8th Street Suite 700 Minneapolis, MN 55402					PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 612-373-7270 E-MAIL ADDRESS: dheinemann@hayscompanies.com						
	te 700			Us.	ADDRE			RDING COVERAGE	NAIC#		
	neapolis, MN 55402			~_	INSUR	ERA: LIBERT			11748		
INSU	RED							PRIC & GAS INS SVCS	23043		
	ck Hills Corporation					ERC: LIBERT			42404		
	its subsidiaries Box 1400								32309		
PO 1	BOX 1400				INSURER D: SELF INSURED INSURER E:						
Rap:	id City, SD 57709-1400				INSURI						
		TIFI	CATE	E NUMBER: 59537420	IMOURI	LIVE		REVISION NUMBER:	<u></u>		
CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	EQUIF PERT	REME 'AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS		
	CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		BEEN						
NSR LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							\$			
A	AUTOMOBILE LIABILITY	Х		AS2641437957030		07/01/20	07/01/21	COMBINED SINGLE LIMIT (Ea accident) \$ 2,	000,000		
	X ANY AUTO						į.	BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
ļ	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
								\$			
В	UMBRELLA LIAB OCCUR	х		XL5128709P		07/01/20	07/01/21	EACH OCCURRENCE \$ 35	,000,000		
	X EXCESS LIAB X CLAIMS-MADE								,000,000		
	DED RETENTION \$							s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WA764D437957040			07/01/20	07/01/21	X PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				1 2 3 3 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7-0-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		000,000		
- 1	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$ 2,	000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								000,000		
D	GENERAL LIABILITY - SIR			SELF INSURED RETENT	NOI	07/01/20	07/01/21		00,000		
				2							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedu	le, mav h	e attached if more	e space is require	ed)			
	FIFICATE HOLDER IS INCLUDED A				23 25		0.035	.t.			
	EPT WORKERS' COMPENSATION AS								ons.		
								ğ 5))		
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								<u>*</u> 70 S	Ē		
									5		
CED	TIEICATE HOLDER				CANG	TELL ATION			٥		
7 4 T 4 W 4 E	TIFICATE HOLDER				CANC	ELLATION	-		0		
Oodge County Nebraska Hwy Department						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CONCEPTED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DESCRETED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
35	N Park Street			AUTHORIZED REPRESENTATIVE							
rem	emont, NE 68025						A	un			

MWADE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2020

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Housemover Account Maguire Agency 1970 Oakcrest Avenue, Suite 300 Roseville, MN 55113 FAX (A/C, No): (651) 638-9762 PHONE (A/C, No, Ext): (651) 638-9100 E-MAIL ADDRESS: msundeen@maguireagency.com INSURER(S) AFFORDING COVERAGE NAIC# 42552 INSURER A: Nova Casualty Company INSURED **INSURER B:** INSURER C: Ensor Movers, Inc. 63149 734 Rd INSURER D: **Brock, NE 68320** INSURER E: INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE 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
(MM/DD/YYYY) (MM/DD/YYYY) **POLICY NUMBER** LIMITS TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE S 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR MSMML10000077 4/21/2020 4/21/2021 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 POLICY X PRO-100 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY MSMML10000077 4/21/2020 4/21/2021 X ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY OCCUR FACH OCCURRENCE UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A \$ E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 125,000 MSMML10000077 4/21/2020 4/21/2021 ACV (\$5,000 Ded) Cargo DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (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 ACCORDANCE WITH THE POLICY PROVISIONS. **Dodge County Highway Dept** 435 North Park Fremont, NE 68025 AUTHORIZED REPRESENTATIVE

■ ACORD...

Client#: 31173

LUXSA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2020

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

PRODUCER			NAME: Lindsey Nelson					
INSPRO Insurance			PHONE (A/C, No, Ext): 402-941-1927	2-721-2844				
P.O. Box	5		E-MAIL ADDRESS: Inelson@insproins.com					
Fremont, NE 68026 402 721-9707		INSURER(S) AFFORDING	NAIC#					
		INSURER A : Employers Mutual Insurance	21415					
INSURED			INSURER B:					
Lux Sand & Gravel, Inc.	~,	INSURER C:						
	P.O. Box 333 North Bend, NE 68649-0333	2000	INSURER D :					
		U333	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.									
INSR TYPE OF INSURANCE		ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			3D25097	07/01/2020	07/01/2021	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
							MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			3E25097	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	X Drive Oth Car							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						lara Laru	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3H25097	07/01/2020	07/01/2021	X PER STATUTE OTH-		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$100,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	Visit Visit Control of the Control o	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000	
							100	22	
1							70 els	2020	
					1			(
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
	The state of the s								
							Hyway De	ယ္ယ	
<u> </u>			_	CANA	CELLATION			N	
CE	CERTIFICATE HOLDER CANCELLATION								

Dodge County Highway Dept. C/O Jean Andrews-Dodge County Courthouse 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.

AUTHORIZED REPRESENTATIVE

Rankall I. Eikmeier

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2020

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the te	rms and conditions of th	e polic	y, certain po lorsement(s)	olicies may r _{1.}	equire an endorsement.	A sta	tement on	
The P.C	b Harry A. Koch Co. D. Box 45279 aha NE 68145-0279	>	CONTACT NAME: PHONE [A/C, No, Ext): 402-861-7000 E-MAIL ADDRESS:							
		/_			2011 1000		DING COVERAGE		NAIC#	
	<u> </u>		TI 1004044				sualty of America		25674	
INSU	RED nkey Holdings, LLC		TUR21844	INSURE	кв: Traveler	s Indemnity C	0.		25658	
PO	Box 634			INSURE						
Bla	ir, NE 68008			INSURE						
				INSURER E:						
				INSURER F :						
	VERAGES CER IIS IS TO CERTIFY THAT THE POLICIES		E NUMBER: 1835956535	VE DEE	N ISSUED TO		REVISION NUMBER:	F POLI	CY PERIOD	
IN EX	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT HEREIN IS SUBJECT TO	ALL T	VHICH THIS	
INSR LTR		ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	W 1942		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ZPP15T49556		7/1/2020	7/1/2021	DAMAGE TO RENTED	\$ 1,000, \$ 300,00		
							The property of the contract of the state of	\$ 10,000		
							PERSONAL & ADVINJURY	\$ 1,000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE	\$ 2,000,	000	
	POLICY X PRO- X LOC							\$ 2,000, \$	000	
-	OTHER: AUTOMOBILE LIABILITY		BA1N78515A		7/1/2020	7/1/2021		\$ 1,000.	000	
В	X ANY AUTO		BATIN/0313A		11112020	11112021		\$		
	OWNED SCHEDULED AUTOS NON-OWNED									
							BERGEREN / BALLIAGE	\$		
	AUTOS ONLY AUTOS ONLY							\$		
Α	X UMBRELLA LIAB X OCCUR		CUP7K348643		7/1/2020	7/1/2021	EACHOCCURRENCE	\$ 4,000,	000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,	000	
	DED X RETENTION\$ 10,000							\$		
В	WORKERS COMPENSATION		UB2H954559		7/1/2020	7/1/2021	X PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$ 1,000,	000	
	(Mandatory in NH)						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	2021	9	
Dog	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Dodge County Department of Roads and Midstates Data Transport are additional insured for general liability if required by written conflect executed prior to loss.									
							(C)	7		
CEI	RTIFICATE HOLDER		CANCELLATION							
	Dodge County Department	of Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	435 N Park Fremont NE 68025	AUTHORIZED REPRESENTATIVE								