DATE (MM/DD/YYYY)

3/25/2020

CERTIFICATE OF LIABILITY INSURANCE

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.										
11	PORTANT: If the certificate holder	is an	ADI	DITIONAL INSURED, the						
C	e terms and conditions of the policy, ertificate holder in lieu of such endors	cert seme	ain p nt(s)	olicies may require an er	ndorse	ment. A stat	tement on th	is certificate does not co	nfer rights to the	
PRODUCER						CONTACT NAME: Lori Menichetti				
Marcotte Insurance Agency 9394 W Dodge Road STE 250						PHONE (A/C, No. Ext): 402-970-3321 FAX (A/C, No.): 402-398-0917				
Omaha NE 68114						E-MAIL ADDRESS: Imenichelti@marcotteins.com				
·						INSURER(S) AFFORDING COVERAGE				
The second secon						INSURER A: Travelers Insurance				
INSURED ERIKCON Eriksen Construction Co, Inc.					INSURE	RB:		76		
2546 S Hwy 30					INSURER C:					
Blair NE 68008-0610					INSURER D:					
					INSURER E:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 1400500458	INSURE	RF:		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,										
E	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN L	REDUCED BY	S DESCRIBEI PAID CLAIMS.	D HEREIN IS SUBJECT TO	ALL THE TERMS,	
NSR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY	N	N	DT-CO-2J638349-PHX-19		4/1/2020	4/1/2021	EACH OCCURRENCE S	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	300,000	
								MED EXP (Any one person)	5,000	
						84		PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2,000,000	
	POLICY X PRO-								2,000,000	
A	OTHER: AUTOMOBILE LIABILITY	N	N	8108M9590371926		4/1/2020	4/1/2021	COMBINED SINGLE LIMIT		
^	7√1	"	18	0 TODIVIBUSUS/ 1820		411/2020	4/1/2021	COMBINED SINGLE LIMIT (Earaccident) BODILY INJURY (Per person) \$	1,000,000	
	ALLOWNED SCHEDULED							BODILY INJURY (Per accident)		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per scrident)		
	AUTOS AUTOS			i.				(Per accoent)		
Α	X UMBRELLA LIAB X OCCUR	N	N	ZUP-91M77338-19-NF		4/1/2020	4/1/2021	EACH OCCURRENCE S	5 10,000,000	
	EXCESS LIAB CLAIMS-MADE								10,000,000	
	DED X RETENTION \$ 10,000	5						3	i	
Α	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N	UB-2J638349-19-42		4/1/2020	. 4/1/2021	X PER OTH-	do the dependent of the second	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E L. EACH ACCIDENT \$	500,000	
	(Mandatory in NH) If yes, describe under	7						E L DISEASE - EA EMPLOYEE \$	500,000	
	DESCRIPTION OF OPERATIONS below			070001107000000		///			500,000	
Α	Lease/Rented Eqpt			QT6608A137356COF19		4/1/2020	4/1/2021	Leased/Rented Eqpt Deductible	250,000 1,000	
									•	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached If mor	e space is regula	ed)		
2020 AUG										
	元 の 一									
CERTIFICATE HOLDER CANCELLATION									1 22	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BECANCELLED BEFORE									CELLED BEFORE	
ÿ.						THE EXPIRATION DATE THEREOF, NOTICE WILLED DELIMERED IN				
Dodge County					ACCORDANCE WITH THE POLICY PROVISIONS.					
Building Inspection & Zoning Department Courthouse - 435 N Park, Room 204					AUTHORIZED REPRESENTATIVE					
Fremont NE 68025					C1.000					
Jaroba Welman										

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