Agenda Item

ATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURAN

9/17/2020

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).

and of mind to dead not come in the control in the control in the control endorsement(s),											
The Harry A Koch Co						CONTACT NAME: Angle Goforth					
The Harry A Koch Co P.O. Box 45279 Omaha NE 68145					PHONE FAX (A/C, No, Ext): (A/C, No):						
					E-MAIL ADDRESS: angie.goforth@hakco.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: United Fire & Casualty				13021	
	INSURED CON77890 Control Services, Inc.					INSURER B: Midwest Builders Casualty Mutual Co				13126	
Sentrixx Security Solutions-A Div. of Control Serv 5712 South 85th Circle Omaha NE 68127					INSURER C:						
					INSURER D:						
					INSURER E:						
						INSURER F:					
-	VERAGES CEF	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER										CY 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	TYPE OF INSURANCE	INSE	LSUBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY			60508888		10/1/2020	10/1/2021	EACH OCCURRENCE \$ 1,000,000		000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00		
								MED EXP (Any one person)	\$ 10,000		
	X \$2,000 Ded PD							PERSONAL & ADV INJURY	\$ 1,000.		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,		
	POLICY X PRO- X LOC							PRODUCTS - COMP/OP AGG	\$2,000,		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			60508888		10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								4. 5. 5556511)	\$		
Α	X UMBRELLA LIAB X OCCUR			60508888		10/1/2020	10/1/2021	EACH OCCURRENCE	\$ 10,000	000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 10,000		
	DED X RETENTION\$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC10000023382020A		10/1/2020	10/1/2021	X PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$ 500,00	0	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 500,00		
Α	Leased/Rented Equipment Limited Pollution-Work Sites Electronic Data Liability			60508888		10/1/2020	10/1/2021	Limit Limit Limit	\$100,0 \$100,0 \$50,00	00	

CERTIFICATE HOLDER CANCELLATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Dodge County Court House 435 N Park 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

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