Agenda I Tem #24a\_

Client#: 52337

SKYWA

11/1/20

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2020

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).

	SPRO Insurance	\			NAME: Shari Ri					
	). Box 259	PHONE (A/C, No, Ext): 402.372.2139 FAX (A/C, No): 402.372.2237				72.2237				
8		E-MAIL ADDRESS: sruskamp@insproins.com								
INSPRO Insurance P.O. Box 259 West Point, NE 68788 402 372-2139 INSURED Skywaye Wireless, Inc.					INSURER(S) AFFORDING COVERAGE				NAIC #	
710000000	2 372-2139		INSURER A : Employe	ers Mutual Ins	urance			21415		
INSU	Skywave Wireless, Inc.				INSURER B:					
					INSURER C:					
	PO Box 253				INSURER D:					
	West Point, NE 68788				INSURER E:					
					INSURER F:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:			REVISION NUN	BER:	*******	l
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY FOR EACH OF SUCH IN THE PROPERTY OF SUCH IN THE POLICIES OF SUCH IN THE PROPERTY OF SUCH IN THE PROPERTY OF SUCH IN THE PROPERTY OF SUCH IN THE POLICIES OF SUCH IN THE P	ERTA POLI	EMEN IN, 7 ICIES	T, TERM OR CONDITION O THE INSURANCE AFFORDEI LIMITS SHOWN MAY HAN	F ANY CONTRACT OF D BY THE POLICIES /E BEEN REDUCED F	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH F HEREIN IS SUBJ	PESPECT	TO WH	ICH THIS
INSR LTR		ADDL INSR	MAD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	1 535.5		2D88634			EACH OCCURREN		\$1,00	0,000
	CLAIMS-MADE X OCCUR					()	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$300.	000
							MED EXP (Any one		\$5.00	0
							PERSONAL & ADV	INJURY	\$1.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE	SATE	\$2,00	
	POLICY PRO- JECT LOC						PRODUCTS - COM		\$2,00	
	OTHER:							701 7100	\$	0,000
Α	AUTOMOBILE LIABILITY			2E88634	03/01/2020	03/01/2021	COMBINED SINGLE (Ea accident)	ELIMIT	\$1,00	0.000
	ANY AUTO						BODILY INJURY (P		\$	0,000
	X OWNED SCHEDULED AUTOS						BODILY INJURY (P	er accident)	\$	
	X AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAG		\$	
	ACTOS GNET				1		(Per accident)		\$	
	UMBRELLA LIAB OCCUR						EACH OCCURREN	^E	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	UE	S	
	DED RETENTION\$						AGGREGATE			
Α	WORKERS COMPENSATION	200000000000000000000000000000000000000		2H88634	03/01/2020	03/04/2024	PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			A. 10000T	03/01/2020	03/01/2021	Marketi Peringanan Sanatan Sanatan		SEO O	00
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDE		\$50,0	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA		-	
	DEGOTIF HON OF OPERATIONS BEIOW						E.L. DISEASE - POI	LICY LIMIT	\$500,	UUU
				10				त्तक	2	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
D - E										
								- 23		
									ယ	
								Ryway		
								2 E	<u> </u>	
1								-	-	-

Dodge County
435 N Park
Fremont, NE 68025

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.

AUTHORIZED REPRESENTATIVE

Rick J. Wimin

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COVERAGES

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2020

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

this continuate does not come rights to the certificate	e moider in hea of
PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	
INSURED  Barnhart Crane and Rigging Co.; Barnhart Northeast, Attn: Alison Smith 2163 Airways Boulevard  Memphis, TN 38114	Inc.

gnts to the certificate holder in lieu of s	CONTACT Willis Towers Watson Certificate Center				
Inc.	PHONE (A/C, No. Ext): 1-877-945-7378 (A/C, No): 1-888-467-237				
	E-MAIL ADDRESS: certificates@willis.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURERA: Greenwich Insurance Company				
urnhart Northeast, Inc.	INSURERB: Westchester Surplus Lines Insurance Compan				
minart Mortheast, Inc.	INSURERC: XL Specialty Insurance Company				
	INSURERD: Allied World Assurance Company US Inc	19489			
	INSURER E: Travelers Property Casualty Company of Ame				
	INSURERF: Gemini Insurance Company	10833			
CERTIFICATE NUMBER: W18527198	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.

NSR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,0	000,000
	CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)			\$ 3	300,000	
A							MED EXP (Any one person)	\$	10,000
1				CGE740977102	11/01/2020	11/01/2021	PERSONAL & ADV INJURY	\$ 2,0	000,000
].	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,0	000,000
	POLICY X PRO-				190	PRODUCTS - GOMP/OP AGG	\$ 4,0	000,000	
	OTHER:							\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,0	000,000	
	× ANY AUTO				25		BODILY INJURY (Per person)	\$	
Α.	OWNED SCHEDULED AUTOS		CAD740964303	11/01/2020	11/01/2021	BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	v	
						11		\$	W-2-1/10-11-11-11
B	UMBRELLA LIAB X OCCUR						\$ 5,0	000,000	
	X EXCESS LIAB CLAIMS-MADE		G28178141 005		11/01/2020		11/01/2021	000,000	
	DED RETENTIONS			Ti .	-			\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A CWD740964103 11/01/2020 11/01/2021			× PER OTH-		
C	ANYPROPRIETOR/PARTNER/EXECUTIVE NO (Mandatory in NH)				E.L. EACH ACGIDENT	\$ 1,0	000,000		
- 1					11/01/2020	11/01/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,0	000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,0	000,000
D	Excess Liability- \$10M XS \$5M			0310-9965	11/01/2020	11/01/2021	Each Occurrence	\$10,000,000	
ŀ	First Layer						Other Aggregate	\$10,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation Coverage Includes WA Stop Gap. USL&H/Jones Act coverage also included in Workers Compensation coverage.

SEE	ATTACHED	

CERTIFICATE HOLDER CANCELLATION Sm SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS. 5 DELIVERED IN Dodge County Nebraska AUTHORIZED REPRESENTATIVE Highway Department 435 North Park

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Fremont, NE 68025

AGENCY CUSTOMER ID:	e .	A
LOC#:		



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

NAIC#: 25674

NAIC#: 25674

NAIC#: 10833

AGENCY Willis Towers Watson Southeast, Inc.	NAMEDINSURED Barnhart Crane and Rigging Co.; Barnhart Northeast, Inc. Attn: Alison Smith
POLICY NUMBER See Page 1	2163 Airways Boulevard Memphis, TN 38114
CARRIER NAIC COI See Page 1 See Page	
ADDITIONAL DESEABLE	the state of the s

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America

EXP DATE: 11/01/2021 POLICY NUMBER: QT-630-9L240698-TIL-20 EFF DATE: 11/01/2020

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Cargo Legal Liability / Motor In Land Veh./Containr

\$100,000

Truck Cargo/Warehouse Legal Liab Any Railcar/Aircraft

\$100,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America

POLICY NUMBER: QT-630-9L240698-TIL-20

EFF DATE: 11/01/2020

EXP DATE: 11/01/2021

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Leased/Rented

Any One Item

\$5,000,000

Contractors Equip./Owned

Any One Occurrence

\$10,000,000

Special Coverage

INSURER AFFORDING COVERAGE; Gemini Insurance Company

POLICY NUMBER: GVE100168405 . EFF DATE: 11/01/2020

EXP DATE: 11/01/2021

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Excess Auto Liability

Each Occurrence

\$3,000,000

ACORD 101 (2008/01)

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SR ID: 20259129

BATCH: 1868400

CERT: W18527198