Agenda Item #

216



CERTIFICATE OF LIABILITY INSURANCE

12/14/2020

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT NAME: John Dunker					
The Harry A Koch Co of Lincoln						PHONE FAX (A/C, No, Ext): (A/C, No):					
	3 S 13th Street Ite 1650				E-MAIL ADDRESS: john.dunker@hakco.com						
	coln NE 68508-NE									NAIC#	
					INSURER A : BITCO General Insurance Corp					20095	
INSU	RED			JJK28860	INSURE	RB: Progress	sive Northwes	stern Insurance Co		42919	
	Construction LLC Use Salt Rd				INSURE	RC:					
	resco NE 68017				INSURE	Carlo Contra					
-					INSURER E :						
					INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 706731239	REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY										
	CLUSIONS AND CONDITIONS OF SUCH					REDUCED BY			, ALL I	TIE TERMO,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY			CLP3700794		12/17/2020	12/17/2021	EACH OCCURRENCE	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	00	
	X 1,000 Ded.							MED EXP (Any one person)	\$ 10,000	0	
								PERSONAL & ADV INJURY	\$ 1,000,	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	,000	
	OTHER:								\$		
В	AUTOMOBILE LIABILITY			029903230		12/17/2020	12/17/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	UMBRELLA LIAB X OCCUR			CUP2819105		12/17/2020	12/17/2021	EACH OCCURRENCE	\$ 2,000,	,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000,	,000	
	DED X RETENTION \$ 10,000							17 17 17	\$		
Α	WORKERS COMPENSATION			WC3700793		12/17/2020	12/17/2021	PER OTH- STATUTE ER			
	ANY EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000,	,000	
	(Mandatory in NH)	NIA						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,	,000	
										2.	
								9	2		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI ject; County Road C – Structure No. CO								28		
Doc	de County is primary, non contributory	additi	onal i	insured for general liability,	includi	ng ongoing a	nd products 8	completed operations, if	require	d by written	
con	tract executed prior to loss. Primary & n lge County is additional insured for auto	onco	ntribu	tory status is governed by	tne terr	ns & conditioi	ns of the insu	rance policies of all partie	s to the	contract.	
Wai	ver of Subrogation applies for general li	ability	, aut	omobile, and workers' com	pensati	on if required	by written co	ntract executed prior to lo	SS		
									01		
								~ ~			
CEF	RTIFICATE HOLDER				CANC	ELLATION		(3)	ċò		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
Dodge County								Y PROVISIONS.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Highway Department											
	435 N. Þark, Rm. 204 Fremont NE 68025-4977				AUTHO	RIZED REPRESE	NTATIVE				
FIGHIORE NE COOZO-4317						Third afine					
					/	1					

JNORTHRUP

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2020

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).

this certificate does not comer rights to the certificate holder in fied of	SOUTH OF Caladiala	Misses OIC	D			
PRODUCER	CONTACT Gabriela Myers, CISR					
Ellerbrock-Norris Agency, Inc.	PHONE (A/C, No, Ext): (402) 884-1320 701110 FAX (A/C, No): (402) 884-1833					
P.O. Box 816 Hastings, NE 68902-0816	E-MAIL SUPPRESS: gmyers@ellerbrock-norris.com					
Triastings, NE 00302-0010		INSURER(S) AFFORDING COVERAGE NAIC #				
	INSURER A : BITCO			20095		
INSURED		INSURER B : Continental National Indemnity				
	7002 V 000000					
Williams Midwest Housemovers, Inc.		INSURER C:				
P. O. Box 551 Hastings, NE 68902-0551	INSURER D :	_				
mastings, NE 00002 0001	INSURER E :	INSURER E:				
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ISSUED	TO THE INSUF	RED NAMED ABOVE FOR TH	HE POLICY PERIOD		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF	ORDED BY THE POLIC	IES DESCRIB	ED HEREIN IS SUBJECT TO	O ALL THE TERMS,		
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	POLICY EFF	POLICY EXP				
INSR TYPE OF INSURANCE ADDL SUBR WYD POLICY NUMBER	R POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	1 000 000		
A X COMMERCIAL GENERAL LIABILITY		an especial section		Ψ		
CLAIMS-MADE X OCCUR CLP3701083	1/1/2021	1/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
			MED EXP (Any one person)	\$ 5,000		
			PERSONAL & ADV INJURY	s 1,000,000		
OFFILI ACCRECATE LIMIT APPLIES DED.			GENERAL AGGREGATE	s 2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC				s 2,000,000		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				ore		
OTHER:			COMBINED SINGLE LIMIT (Ea accident)	\$ s 1,000,000		
A AUTOMOBILE LIABILITY	4/4/0004	4/4/0000	CONTRACTOR OF CONTRACTOR CONTRACT	·		
X ANY AUTO CAP3701085	1/1/2021	1/1/2022	Control of the Contro	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS				\$		
HIRED AUTOS ONLY AUTOS ONLY			PROPERTY DAMAGE (Per accident)	\$		
				\$		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$		
DED RETENTION\$				S		
			X PER STATUTE OTH-			
AND EMPLOYERS' LIABILITY	1/1/2021	1/1/2022	E.L. EACH ACCIDENT	s 500,000		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			TO F AND STRUME AS A CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND	500 000		
If yes, describe under			E.L. DISEASE - EA EMPLOYEE	500 000		
DÉSCRIPTION OF OPERATIONS below	1/1/2020	1/1/2021	E.L. DISEASE - POLICY LIMIT Trans. Coverage	120,000		
A Motor Truck Cargo CLP3689085	1/1/2020	17172021	Trans. Coverage	120,000		
			Title .			
			5	2020		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks So	hedule, may be attached if mo	ore space is requi	red)	S		
pulso contratt national action acceptance and the second contract of			海河	吊		
			(D)	C		
			a C	N		
			30	\$110ml		
			I VE B	J. 100		
			B W	II.		
			ii.	-3		
CERTIFICATE HOLDER	CANCELLATION			Name of the last o		
		THE ABOVE P	DESCRIBED POLICIES BE CA	NICELLED BEFORE		
	THE EXPIRATION	N DATE T	HEREOF. NOTICE WILL I	BE DELIVERED IN		
Dodge County Highway Department	ACCORDANCE W	ITH THE POLI	HEREOF, NOTICE WILL I CY PROVISIONS.			
435 N. Park Ave						
Fremont, NE 68025	AUTHORIZED REPRES	AUTHORIZED REPRESENTATIVE				
	DO	//				
	Be hohe					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2020

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0	ertificate holder in lieu of such end	orsem	ent(s).							(0.0 3 1	
	DDUCER			CONTACT Brindy Lawver							
Ryder-Rosacker-McCue & Huston					PHONE (A/C, No, Ext): (308) 382-2330 or (800) 658-4200 FAX (A/C, No): (308) 382-7109						
509 W. Koenig St.						I E-MAIL					
Gra	nd Island NE 68801	1			PRODU	SS: DIAWVE JCER DMER ID #: 4243			10		
	8 2		7					RDING COVERAGE		NAIC #	
INS	JRED	4	CO		INSUR	ERA: EMC Ins	surance Comp	panies			
Str	aight-Line Striping Inc	7		DI	INSUR	ERB:					
354	3 Farmstead Road				INSUR	ERC:					
Gra	nd Island NE 68801				INSUR	ERD:					
					INSUR						
					INSURER F:						
/ 100			ATE NUMBE					REVISION NUMBER:			
11	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUC	EQUIR PERTA	EMENT, TERM NN, THE INSU	M OR CONDITION JRANCE AFFORD	OF ANDED BY	IY CONTRACT THE POLICIE	FOR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V	VHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY					(IIIIII)	(IIIIIII)	EACH OCCURRENCE	\$ 1,000,	.000	
Α	X COMMERCIAL GENERAL LIABILITY		5D59120			01-01-2021	01-01-2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,00	5.6	
	CLAIMS-MADE X OCCUR			S * 3				MED EXP (Any one person)	\$ 5,000	*	
9						(4)	40 V2	PERSONAL & ADV INJURY	\$ 1,000,		
							en på	GENERAL AGGREGATE	\$ 2,000,		
8	GEN'L AGGREGATE LIMIT APPLIES PER:						12/2 1 11 14 1	PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
- 00	POLICY X PRO-							,, n	\$	4	
20	AUTOMOBILE LIABILITY	1 1	5E59120				20.00	COMBINED SINGLE LIMIT (Ea accident)	^{\$} 1,000,	000	
Ą	X ANY AUTO	/ AUTO			19	01-01-2021	01-01-2022	BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS					ľ		BODILY INJURY (Per accident)			
	SCHEDULED AUTOS	DULED AUTOS					(4)	PROPERTY DAMAGE			
	HIRED AUTOS							(Per accident)	\$		
	NON-OWNED AUTOS								\$		
									\$		
	X. UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 2,000,000		
A	EXCESS LIAB CLAIMS-MADE		5J59120			01-01-2021	01-01-2022	AGGREGATE	\$ 2,000,	000	
	DEDUCTIBLE							-	\$		
	X RETENTION \$-0-								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1			X WC STATU- OTH-			
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	5H59120			01-01-2021	01-01-2022	E.L. EACH ACCIDENT	\$ 500,00	0	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ 500,00	0	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,00	0	
A	Leased or Rented Equipment		5C59120			01-01-2021	01-01-2022	\$25,000 Per Item			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (At	tach ACORD 101	, Additional Remarks	s Schedu	le, if more space	is required)	t and	N.3		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER						CANCELLATION © O N					
Dodge County Attn: Highway Dept. 435 N Park, Room 204 Fremont, NE 68025						SHOULD ANY OF THE ABOVE DESCRIBED POLICES, BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
				1. Mars Tomos O							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2020

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FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060

CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURER B: FEDERATED SERVICE INSURANCE COMPANY 28304 INSURER C: FEDERATED RESERVE INSURANCE COMPANY 16024 INSURER D: INSURER E: INSURER F:

INSURED G & R ELECTRIC 610 E 6TH ST NORTH BEND, NE 68649-4417

COVERAGES

CERTIFICATE NUMBER: 8

REVISION NUMBER: 0

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.

BOLICY FEE

NSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X BUSINESS OWNER'S LIABILITY	N	N	6040550	01/01/2021	01/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea OCCURRENCE) MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000 \$100,000 \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC OTHER:						PRODUCTS - COMPIOP AGG	\$2,000,000 \$2,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY	N	N	6040551	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION	N	N	6040552	01/01/2021	01/01/2022	AGGREGATE	\$2,000,000 \$2,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	6036671	01/01/2021	01/01/2022	X PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000 \$500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule, may	be attached if more s	pace is required)		

CERTIF	ICATE	HOL	DER

CANCELLATION

399-117-1 DODGE COUNTY HIGHWAY DEPT 435 N PARK AVE STE 204 FREMONT, NE 68025-4977

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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ACORD 25 (2016/03)

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