CORE

## CERTIFICATE OF LIABILITY INSURANCE

01/08/2021

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 rig	hts to the certificate ho	lder in lieu of such	h endorsement(s).		
PRODUCER	1		CONTACT Marci Elam		
UNICO Group, Inc.			PHONE (A/C, No, Ext): (402) 434-7200	FAX (A/C, No):	402) 434-7272
1128 Lincoln Mall			E-MAIL ADDRESS: melam@unicogroup.com		7
Suite 200		20	INSURER(S) AFFORDING COVERAGE		NAIC#
Lincoln	<b>`</b> O.	NE 68508	INSURER A: Phoenix Insurance Co		25623
INSURED	0,		INSURER B: Travelers Indemnity Company		25658
A & R Construction Co.			INSURER C: Travelers Property Casualty of America		25674
P.O. Box 121			INSURER D: Midwest Builder's Casualty		13126
701 N. 9th Street			INSURER E :		
Plainview		NE 68769	INSURER F:		
		04 00 40 11-			

Plainview NE 68/69 INSURER F:										
COVERAGES CERTIFICATE NUM				NUMBER: 21-22 All Lines	3			REVISION NUMBER:		
INI CE EX	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 LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000	000,0
	CLAIMS-MADE X OCCUR				- 1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	000
	\$1,000 PD/Per Occ Ded.  Limited Pollution Liab-included  GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000	)
Α				4T-CO 4K478813-PHX-21		01/09/2021	01/09/2022	PERSONAL & ADV INJURY	s 1,000	0,000
1 [								GENERAL AGGREGATE	\$ 2,000	0,000
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
	OTHER:				1				s	
	AUTOMOBILE LIABILITY			¥7 (A				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	),000
[	X ANY AUTO						2	BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS ONLY			810-3L172207-21-2S-G		01/09/2021	01/09/2022	BODILY INJURY (Per accident)	s	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								1, 2, 20, 20, 1	\$	
	✓ UMBRELLA LIAB  ✓ OCCUR							EACH OCCURRENCE	\$ 5,000	0,000
C	EXCESS LIAB CLAIMS-MADE			CUP-4K540489-21-2S		01/09/2021	01/09/2022	AGGREGATE	\$ 5,000	),000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE OTH-		
D				WC100-0001715-2021A		01/09/2021	01/09/2022	E.L. EACH ACCIDENT	\$ 500,0	000
(Mandatory in NH)		N/A		W0100-00017 10-20217				E.L. DISEASE - EA EMPLOYEE	\$ 500,0	)00
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s 500,0	000
						81		Ď	202	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, I	may be at	tached if more sp	ace is required)	bd	2	
Engineer: Speece Lewis, 906 S. 26th Street, Lincoln, NE 68510. The General Liability policy includes a blanket automatic additional insured endosement that provides additional insured status only when there is a written contract between the named insured and the certificate holder/entity(les) that requires such status prior to a loss. The blanket endorsements provide additional insured status for Dodge County and Speece Lewis when required by written contract.										
CERTIFICATE HOLDER					CANCELLATION					
Dodge County 435 N. Park Ave.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	TOO IN THE STATE OF			- I	AUTHOR	IZED REPRESEN	TATIVE			

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Fremont

NE 68025



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2020

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.

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PRODUCER		CONTACT Willis Towers Watson Certificate Center						
71111s Towers Watson Northeast,	Inc.	PHONE (A/C, No. Ext): 1-877-945-7378						
O.O. Box 305191	**	E-MAIL ADDRESS: certificates@willis.com						
Mashville, TN 372305191 USA	-04	INSURER(S) AFFORDING COVERAGE	NAIC#					
	· O1	INSURERA: Phoenix Insurance Company	25623	200				
NSURED		INSURER B: Charter Oak Fire Insurance Company	25615	3				
Celaid Industries, Inc. P.O. Box 711		INSURERC: Travelers Property Casualty Company of Ame	25674	-60				
Miantio, CT 06357		INSURERD: Atlantic Specialty Insurance Company	27154					
		INSURER E: ACE American Insurance Company	22667					
		INSURERF: Travelers Casualty and Surety Company of A	31194					
COVEDACED	OCCUTICIOATE MUMICIPO, WI 9645022	DEVICION NUMBER	The second second	_				

P.O.	Box	711				INSURE	EUC: Traver	ara prober	A casharea combana d	T MINE	200/4
		CT 06357	1			INSURE	RD: Atlant	lo Specialt	y Insurance Company		27154
10					9	INSURE	HE: ACE Ami	erican Inst	rance Company		22667
ES.						INSURE			y and Surety Company	of A	31194
CO	VERA	GES CER	TIFI	CATE	NUMBER: W19645022				REVISION NUMBER:		(1
TH IN CI E)	IIS IS DICAT ERTIFIC	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY FIONS AND CONDITIONS OF SUCH	OF QUIF PERT POLI	INSUF REMEI TAIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO W	HICH THIS
INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
	X C	COMMERCIAL GENERAL LIABILITY	ALLOCAL	1			T		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
A					7 a × ×				MED EXP (Any one person)	s	10,000
					630-4R770931		12/31/2020	12/31/2021	PERSONAL & ADV INJURY	\$	1,000,000
	GENIL	AGGREGATE LIMIT APPLIES PER:				2			GENERAL AGGREGATE	8	2,000,000
		POLICY X PRO-		٠.					PRODUCTS - COMP/OP AGG.	\$	2,000,000
		OTHER:			*					\$	
		MOBILE LIABILITY				2			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	XA	NY AUTO							BODILY INJURY (Per person).	\$	
B	9	OWNED SCHEDULED AUTOS			810-4R726981	661.	12/31/2020	12/31/2021	BODILY INJURY (Per accident)	\$	
	I H	IRED NON-OWNED AUTOS ONLY			=				PROPERTY DAMAGE (Per accident)	\$	
	<u> </u>	AUTOS GNET					7 7		1 9. 400,000,000	\$	
С	ΧU	IMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	10,000,000
٦	E	EXCESS LIAB CLAIMS-MADE			CUP-4R815050		12/31/2020	12/31/2021	AGGREGATE	\$	10,000,000
	D	DED X RETENTION\$ 10,000						- * v		\$	
		ERS COMPENSATION				-			X PER OTH-		
c	ANYPR	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		UB-4R769680					E.L. EACH ACCIDENT	\$	1,000,000
	OFFICE (Manda					12/31/2020	12/31/2021	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
ŀ	Il yes, c	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D		essional Liability			760-00-97-22-0004		12/31/2020	12/31/2021	Each Wrongful Act:	\$5,000,	000
	(Cybe	er Technology		1 1					Total Limit:	\$5,000,	000
	Erro	rs & Omissions)				1.0				- 63	
DES	CRIPTIO	N OF OPERATIONS / LOCATIONS / VEHIC	LES (	AÇORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	ed)		
		gan Stanley BR953 - Shrev ACHED	epor	t, L	·A		୍ଦ ଦ	n x	RECEI Dodge Co Hy	2021 JAN 21	
CEL	TIFIC	CATE HOLDER				CANO	CELLATION	***************************************	- No.	70	
						THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C	CELLE DELI	D BEFORE VERED IN
	ige Co	ounty Highway Department					PRIZED REPRESE	NTATIVE	Y PROVISIONS. 🕰	<del></del>	

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Fremont, NE 68025