Agenda Itelli # ERIKSCON

DATE (MM/DD/YYYY)

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

4/05/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER **USI Insurance Services, LLC** 9394 West Dodge Road Suite 250 Omaha, NE 68114 INSURED Eriksen Construction Co, Inc.

> 2546 S Hwy 30 Blair, NE 68008-0610

COPY

CONTACT Lori Menichetti				
PHONE (A/C, No, Ext): 402 398-9009	FAX (A/C, No): 402-398-0917			
E-MAIL ADDRESS: Iori.menichetti@usi.com				
INSURER(S) AFFORDIN	G COVERAGE NAIC#			
INSURER A: Phoenix Insurance Company	25623			
INSURER B : Travelers Property Cas. Co.	of America 25674			
INSURER C: Travelers Indemnity Co of Ar	merica 25666			
INSURER D : Charter Oak Fire Insurance C				
INSURER E:				
INSURER F:				

		MODITAL E					
INSURER F:							
	ICATE NUMBER:			REVISION NUMBER:	201101/255105		
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 INS	DLISUBR BR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (I	POLICY EXP MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY	DTCO2J638349PHX21			EACH OCCURRENCE	\$1,000,000		
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000		
X PD Ded:1,000					\$5,000		
				PERSONAL & ADV INJURY	\$1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000		
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$2,000,000		
OTHER:				COMBINED SINGLE LIMIT	\$		
B AUTOMOBILE LIABILITY	8108M9590372126G	04/01/2021	1E7	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
X ANY AUTO OWNED SCHEDULED			-	BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
X HIRED AUTOS ONLY X. NON-OWNED AUTOS ONLY	1 1		-	(Per accident)	\$		
B X UMBRELLA LIAB X OCCUR	711D04M7722924NE	04/04/2024	04/04/2022	EACH OCCURRENCE			
- A A 0000K	ZUP91M7733821NF	04/01/2021	0.000.0000	AGGREGATE	\$10,000,000 \$10,000,000		
, CLAINS-WADE			F	AGGREGATE	\$		
C WORKERS COMPENSATION	UB2J6383492126G	04/01/2021	04/01/2022	X PER OTH-	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N		0.70.7202.1		E.L. EACH ACCIDENT	s500,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	'A		T T		\$500,000		
If yes, describe under DESCRIPTION OF OPERATIONS below	<i>z</i>			E.L. DISEASE - POLICY LIMIT	\$500,000		
D Leased Rented Eqp	QT6608A137356COF2	1 04/01/2021	04/01/2022	\$250,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD 101, Additional Remarks Schedu	le, may be attached if mor	re space is requi	red)			
a a							
202 Do							
2021 APR Dodge C							
çπ Z							
OFFICIATE HOLDER		CANCELLATION		工世	-01		
CERTIFICATE HOLDER	, Т	CANCELLATION		¥ mi	339		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BET ANCE LED BEFORE							
Dodge County Building Inspection THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

Courthouse - 435 N Park, Room

& Zoning Department

Fremont, NE 68025

AUTHORIZED REPRESENTATIVE

COM

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Client#: 1798574

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/05/2021

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PRODUCER	,	CONTACT Lori Menichetti				
USI Insurance Services, LLC		PHONE (A/C, No, Ext): 402 398-9009 FAX (A/C, No): 4	02-398-0917			
9394 West Dodge Roa	d	E-MAIL ADDRESS: lori.menichetti@usi.com				
Suite 250		INSURER(S) AFFORDING COVERAGE	NAIC#			
Omaha, NE 68114		INSURER A: Phoenix Insurance Company	25623			
INSURED		INSURER B: Travelers Property Cas. Co. of America	25674			
Dick's Electric Company, Inc.		INSURER C : Travelers Indemnity Co of America	25666			
2546 S Hwy		INSURER D : Charter Oak Fire Insurance Company	25615			
Blair, NE 68	Blair, NE 68008-0610	INSURER E:				
		INSURER F:				
COVERACES	CERTIFICATE MIMBER	REVISION NUMBER:				

	COVERAGES CENTIFICATE NOMBERS.							
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INSR LTR		ADDL SUBF				LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	IN OIL WYD	DTCO2J638349PHX21			EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	X PD Ded:1.000				l i	MED EXP (Any one person)	\$5,000	
	A 12 20unijest					PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			#		GENERAL AGGREGATE	\$2,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:						\$	
В	AUTOMOBILE LIABILITY		8108M9590372126G	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000	
	X ANY AUTO		The state of the s	100000000000000000000000000000000000000		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	AGTOS GNET						\$	
В	X UMBRELLA LIAB X OCCUR		ZUP91M7733821NF	04/01/2021	04/01/2022	EACH OCCURRENCE	\$10,000,000	
	EXCESS LIAB CLAIMS-MADE		No. 1 Acres 194			AGGREGATE	\$10,000,000	
	DED X RETENTION \$10000	1					\$	
С	WORKERS COMPENSATION		UB2J6383492126G	04/01/2021	04/01/2022	X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$500,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
D	Leased Rented Eqp		QT6608A137356COF2	21 04/01/2021	04/01/2022	2 \$250,000		
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02								
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CERTIFICATE HOLDER CANCELLATION								
				OHOUR DANK OF	THE ADOME DO	工川 工川	C)	
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& Zoning Department ACCORDANCE WITH THE POLICY PROVISIONS								
	Courthouse - 435 N Park, Room					7		
204				AUTHORIZED REPRESENTATIVE				
Fremont, NE 68025						¥		