Client#: 1084418

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ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

6/18/2021

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 P.O. Box 7050 Englewood, CO 80155	CONTACT NAME: PHONE (A/C, No, Ext): 800 873-8500  E-MAIL ADDRESS: den.certificate@usi.com	NAME: PHONE (A/C, No, Ext): 800 873-8500  FAX (A/C, No, Ext): 800 873-8500		
800 873-8500	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Travelers Indemnity Co of America	25666		
Felsburg Holt & Ullevig, Inc. 6400 S. Fiddler's Green Circle, #1500 Greenwood Village, CO 80111	INSURER B : Travelers Property Cas. Co. of America	25674		
	INSURER C: Travelers Indemnity Company	25658		
	INSURER D : XL Specialty Insurance Company	37885		
	INSURER E: Charter Oak Fire Insurance Company	25615		
	INSURER F:			

**COVERAGES** CERTIFICATE NUMBER: 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. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY A X 6802J252902 06/21/2021 06/21/2022 EACH OCCURRENCE \$1,000,000 X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 X PRO-POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: E **AUTOMOBILE LIABILITY** 06/21/2021 06/21/2022 COMBINED SINGLE LIMIT (Ea accident) X X BA8R607590 \$1,000,000 X ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED HIRED AUTOS ONLY PROPERTY DAMAGE **AUTOS ONLY** \$ (Per accident) В X **UMBRELLA LIAB** X X OCCUR X CUP6540Y22A 06/21/2021 06/21/2022 EACH OCCURRENCE \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$10000 WORKERS COMPENSATION UB6K434639 06/21/2021 06/21/2022 X PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N/A N (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 Professional Liab DPR9979783 06/21/2021 06/21/2022 \$2,000,000 per claim incl Pollution \$5,000,000 annl aggr. Claims Made DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As required by written contract or written agreement, the following provisions apply subject to the policy terms, conditions, limitations and exclusions: The Certificate Holder and owner are included as Automatic Additional Insured's for ongoing and completed operations under General Liability; Designated Insured under Automobile Liability; and Additional Insureds under Umbrella / Excess Liability but only with respect to liability arising out of the Named Insured work performed on behalf of the certificate holder and owner. (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION	≰ m ≥
Dodge County, Nebraska 435 N Park Fremont, NE 68025	SHOULD ANY OF THE ABOVE DESCRIENTHE EXPIRATION DATE THEREOF ACCORDANCE WITH THE POLICY	BED POLICIES BE CANCELLED BEFORE , NOTICE WILL BE DEDVERED IN PROVISIONS.
*	AUTHORIZED REPRESENTATIVE	
	(See all	

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## **DESCRIPTIONS (Continued from Page 1)**

The General Liability, Automobile Liability, Umbrella/Excess insurance applies on a primary and non contributory basis. A Blanket Waiver of Subrogation applies for General Liability, Automobile Liability, Umbrella/Excess Liability and Workers Compensation. The Umbrella / Excess Liability policy provides excess coverage over the General Liability, Automobile Liability and Employers Liability.

Please note that Additional Insured status does not apply to Professional Liability or Workers' Compensation.

**Property Coverage:** 

Insurer: Travelers Indemnity Co of America

Policy #6802J252902 Policy Term: 6/21/21-22

Blanket Valuable Papers Limit: \$250,000

Electronic Data Processing coverage included within Blanket Business Personal Property Limit: \$4,777,470

Cyber Liability:

Insurer: Hudson Excess Ins. Co.

Policy #CYB-3018482-00 Policy Term: 6/21/21-22 Liability Limit: \$1,000,000

Nebraska Department of Transportation is additional insured.