CERTIFICATE OF LIABILITY INSUR

Agenda Item #

DATE (MM/DD/YYYY) 09/21/2021

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 rights t	o the certificate holder in lie	u of such endorse	ment(s).				
PRODUCER		CONTACT NAME:	Katie Shipp				
Dodge Partners Insurance, LLC		PHONE (A/C, No, E	PHONE (A/C, No, Ext): (402) 938-5016 FAX (A/C, No): (402) 9				
8701 W Dodge Rd, Suite 100	US.	E-MAIL ADDRESS:	E-MAIL VShinn@dodgongthors.com				
			INSURER(S) AFFORDING COVERAGE		NAIC#		
Omaha	✓ NE 6811-	4-3429 INSURER A	: Continental Western Insurance Company	/	10804		
INSURED		INSURER E	: Firemens Insurance Company of Washin	gton D.C.	21784		
COONEY FERTILIZER INC		INSURER C	: Continental Western Group				
1030 26TH RD		INSURER D);				
		INSURER E	ii				
WALTHILL	NE 6806	7 INSURER F	:				
COVERAGES CE	RTIFICATE NUMBER: 202	1-2022	REVISION NUM	BFR:			

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 POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED S 300,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) Α CPA3103240-26 09/24/2021 09/24/2022 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-2,000,000 PRODUCTS - COMP/OP AGG OTHER: **Employee Benefits** \$ 1,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED CPA3103240-26 09/24/2021 09/24/2022 **BODILY INJURY (Per accident)** AUTOS ONLY HIRED AUTOS ONLY \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ 1,000,000 Uninsured/Underinsured **UMBRELLA LIAB** 5,000,000 **OCCUR** EACH OCCURRENCE A **EXCESS LIAB** CPA3103240-26 09/24/2021 09/24/2022 5,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION ➤ PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) В E.L. EACH ACCIDENT N WCA3103241-26 NIA 09/24/2021 09/24/2022 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Each Occurrence \$1,000,000 Fertilizer Operations - General Liability C ABP 3103236 - 26 09/24/2021 09/24/2022 Annual Aggregate \$1,000,000 Liability Deductible \$5,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 0 选

CERTIFICATE HOLDER		CANCELLATION	⊊ m≥		
Dodge County 435 N Park		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Fremont I	NE 68025	Rl	Res		
		@ 1088_2015 /	CORD CORDORATION All rights &	ooomiod.	

OF ID: DIVI

DATE (MM/DD/YYYY)

09/27/2021

CERTIFICATE OF LIABILITY INSURANCE

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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thi	s certificate does not confer rights to	the	certif	ficate holder in lieu of su	ch end	orsement(s).		2	
PRODUCER Omaha Insurance Services Inc. 11132 O Street Omaha, NE 68137 Michael L. Bowman					CONTACT Michael L. Bowman				
				PHONE 402-592-4455 FAX No. 402-592-6933					
				01	E-MAIL ADDRESS: mbowman.omaha01@insuremail.net				
Mich	ael L. Bowman			()	ADDITE			DING COVERAGE	NAIC#
		1	7		INSURE		surance Co		21415
INCH	250	1	1			of control	241741176		
ĔĬĸĸ	orn Township	11			INSURER B:				
Bryan Box 923			INSURER C:						
Bóx 923 Fremont, NE 68026-0923					INSURER D:				
					INSURER E:				
					INSURE	RF:			
CO				NUMBER:				REVISION NUMBER:	DUOY DEDIOD
IN	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	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	עפאו	YYYD			TIMINIS EL L'ITIL	milliose Cliff	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR			0D54113		09/13/2021	09/13/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000
	J. M. D. M. D. M. D.					J. TOIMUM !		MED EXP (Any one person) \$	5,000
								PERSONAL & ADV INJURY \$	1,000,000
								GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000
								\$	
Α	OTHER:							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
^	AUTOMOBILE LIABILITY			0554442		00/42/2024	09/13/2022		
	ANY AUTO OWNED SCHEDULED			0E54113		09/13/2021	09/13/2022	BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	X HIRED ONLY X NON-OWNED								
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION\$							\$ DEP OTH	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				09/	00/42/2024	09/13/2022	X PER OTH- STATUTE ER	100,000
				0H54113		09/13/2021		E.L. EACH ACCIDENT \$	100,000
		N/A						E.L. DISEASE - EA EMPLOYEE \$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	500,000
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								音 (ク	
								\\ \alpha \\ \dots \dots \\ \dots \dots \\ \dot	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	0 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requi	red) # C 2	
								Tyway	
								至回 李	
								20	
								(a)	
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CE	RTIFICATE HOLDER			3	CAN	CELLATION			
DODGECO									
								ESCRIBED POLICIES BE CANCI	
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL ACCORDANCE WITH THE POLICY PROVISIONS.						JELIVEKED IN			
Dodge County Hwy Dept									
435 N Park Room 204 Fremont, NE 68025					AUTHO	RIZED REPRESE	NTATIVE		
				Michael L Bournan					
	1				11	uchael	4 Isou		

ACORD