\$20,000,000

enda	Item	#_	246
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CORD

ERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/01/2021

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

PRODUCER AON Risk Services Central, Inc. AON Risk Insurance Services Central, Inc Omaha NE Office CA License # 0D04043	N P (A	CONTACT NAME: PHONE (A/C. No. Ext): (402) 697-1400 E-MAIL ADDRESS: FAX (A/C. No.): (402) 697-1594			
17807 Burke Street, Suite 401 Omaha NE 68118 USA			INSURER(S) AFFORDI	NG COVERAGE	NAIC#
INSURED	IN	ISURER A:	Atlantic Specialt	y Insurance Company	27154
Great Plains Communications LLC	IN IN	SURER B:		·	
1600 Great Plains Centre P.O. Box 500	IN	SURER C:			
Blair NE 68008 USA	IN	ISURER D:		× ×	
	IN	ISURER E:		•	
	IN	ISURER F:			
COVERAGES CERTIFICATE NUMBER:	570089693539		REVI	SION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTE	D BELOW HAVE	BEEN ISS	UED TO THE INSURED	NAMED ABOVE FOR THE F	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.

Limits shown are as requeste Limits shown are as requested POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) 09/30/2021 09/30/2022 POLICY NUMBER LIMITS 711-01-68-56-0002 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRO-POLICY X LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: 711-01-68-56-0002 AUTOMOBILE LIABILITY 09/30/2021 09/30/2022 COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY (Per person) **ANY AUTO** X SCHEDULED BODILY INJURY (Per accident) OWNED **AUTOS** AUTOS ONLY HIRED AUTOS PROPERTY DAMAGE NON-OWNED (Per accident) AUTOS ONLY ONLY

	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$20,000,000
	DED RETENTION				*	11		
Α	WORKERS COMPENSATION EMPLOYERS' LIABILITY	paraniforms .		4060463310002	09/30/2021	09/30/2022	X PER STATUTE OTH-	12
	ANY PROPRIETOR / PARTNE OFFICER/MEMBER EXCLUDE		N/A				E.L. EACH ACCIDENT	\$500,000
	(Mandatory in NH)					E.L. DISEASE-EA EMPLOYEE	\$500,000	
	If yes, describe under DESCRIPTION OF OPERAT	TIONS below					E.L. DISEASE-POLICY LIMIT	\$500,000
								,
							9	
DES	CRIPTION OF OPERATIONS /	LOCATIONS / VEHICI	ES (ACOR	D 101, Additional Remarks Schedule	e, may be attached if more	space is require	d)	
						11.3. AUNADAINE CALAING \$10.0116.0	9 1	2
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09/30/2021 09/30/2022

711-01-68-56-0002

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CERTIFICATE HOLDER	CANCELLATION	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL	ED BREORE THE

Dodge County Rds Dept 423 N. Park Fremont NE 68025 USA

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OCCUR

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

EACH OCCURRENCE

AUTHORIZED REPRESENTATIVE

Son Rish Services Central, Inc.