Client#: 23271

ACORD.

SDate 12/15/21 DATE (MM/DD/YYY)

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.

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). CONTACT Melissa S. Knobbe PRODUCER PHONE (A/C, No, Ext): 402 372 2139 INSPRO Marsh & McLennan Agency FAX (A/C, No): 402 372 2237 E-MAIL ADDRESS: Melissa.Knobbe@MarshMMA.com P.O. Box 259 West Point, NE 68788 INSURER(S) AFFORDING COVERAGE NAIC# 402 372-2139 14184 INSURER A: Acuity INSURED INSURER B: Stalp Gravel Inc. Stalp Trucking Inc INSURER C: 1598 River Road INSURER D: West Point, NE 68788 INSURER E: MOUDED E

			INOUR	ERF.				
cov	VERAGES CER	CERTIFICATE NUMBER:			REVISION NUMBER:			
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PACLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN, T	T, TERM OR CONDITION OF ANY THE INSURANCE AFFORDED BY 1	CONTRACT OF THE POLICIES OF REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS	
NSR TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY		F27571	12/01/2021	12/01/2022	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,000	
						MED EXP (Any one person)	\$10,000	
						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		4			GENERAL AGGREGATE	\$3,000,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000	
		1 1		1				

OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILE LIABILITY 12/01/2021 12/01/2022 F27571 A BODILY INJURY (Per person) \$ X ANY AUTO SCHEDULED OWNED AUTOS ONLY **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY S X X AUTOS ONLY UMBRELLA LIAB \$10,000,000 12/01/2021 12/01/2022 EACH OCCURRENCE Α X OCCUR F27571 **EXCESS LIAB** \$10,000,000 AGGREGATE CLAIMS-MADE X RETENTION \$10000 DED WORKERS COMPENSATION 12/01/2021 12/01/2022 X PER STATUTE F27571 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT N E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below \$1,000,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION	
	Dodge County Highway Department Courthouse - 435 N. Park Fremont, NE 68025	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.	
	, , , , , , , , , , , , , , , , , , , ,	AUTHORIZED REPRESENTATIVE	

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