Agenda Item #

BERG&SO-01

KMELSTROM

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

11/29/2021

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	the c	ne erti	terms and conditions of ficate holder in lieu of su	ich end	orsement(s).	•	require air endorsement		atement on
	DUCER	P	-		CONTAC NAME:	T Melissa \	Nade	LEAV		
Mag	uire Agency Oakcrest Avenue, Suite 300	//	>		PHONE (A/C, No	, Ext): (651) 6	35-2775		651) (38-9762
Rose	eville, MN 55113	V			ADDRES)maguireag	Y		MINISTER AND A 1992
				COD!				RDING COVERAGE		NAIC#
				` U^.	INSURE	RA: Nova C	asualty Cor	npany		42552
INSU	RED				INSURE	RB:				
	Berghorst & Son, Inc.				INSURE	RC:				
	1906 Division Street Hull, IA 51239				INSURE	RD:	117			
	Hull, IA 31233				INSURE					
					INSURE	RF:		DEVICION NUMBER.		
CO	VERAGES CERTIFY THAT THE POLICIE	rific,	ATE	NUMBER:	LIAVE D	EEN ICCHED		REVISION NUMBER:	IF PO	ICY PERIOD
IN	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH I	EQUIR DERT	EME	NT, TERM OR CONDITION	N OF A	NY CONTRAC THE POLICI REDUCED BY	IES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT TO		AAUICU IUI9
INSR LTR	TYPE OF INSURANCE	ADDL S INSD \	UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			MSMML10000222		11/30/2021	11/30/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							81	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			,				GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			V-5-2				COMPINED SINGLE LIMIT	\$	1,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			MSMML10000222		11/30/2021	11/30/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS								\$	-
	LINES ONLY KONSONEY							PROPERTY DAMAGE (Per accident)	\$	
									\$	5,000,000
Α	UMBRELLA LIAB X OCCUR			MSMXS10000049		11/30/2021	11/30/2022		\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			W3WX31000043		11/30/2021	INGOILGE		\$	-,,
	BED 11 HETERTION .							PER OTH- STATUTE ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							AND THE PROPERTY AND A		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	
Α	DÉSCRIPTION OF OPERATIONS below Cargo			MSMML10000222		11/30/2021	11/30/2022	E.L. DISEASE - POLICY LIMIT ACV (10,000 Ded)	\$	3,000,000
А	Cargo									
are Merc		== (1		And a till and Domestic Cabada	ula manuk	a attached if mor	ro enaco le reguli	radi		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORL	101, Additional Remarks Schedi	ule, may i	e attached il moi	re space is requir		2	
								が (1)	3	
								the S	j	
								Sa P		
								* () - (1) (
								1-15 Time	_	
CE	RTIFICATE HOLDER				CANO	CELLATION		表 [1] 王	77 27	
CE	MILLICATE HOLDER				1		-	c	n	
	Dodge County Highway Dep	t			THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CA TEREOF, NOTICE WILL S BY PROVISIONS.	第 DE	LED BEFORE ELIVERED IN
	435 North Park	75.			,,,,,	a make mare ad turno a la l				
	Fremont, NE 68025				AUTHO	RIZED REPRESE	NTATIVE			
					Me	-1111	ř.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/13/2021

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.

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A Sta	tement on	
	DUCER		00111	moute noted in nea or or	CONTAC NAME:						
FNI	C //		>		PHONE (A/C, No, Ext): (A/C, No):						
	S 13th Street te 1650		-		E-MAIL ADDRESs: john.dunker@fnicgroup.com						
	coln NE 68508-NE	~			INSURER(S) AFFORDING COVERAGE NAIC						
				·Os.	INSURE	RA: BITCO G		2270		20095	
INSU				JJK28860	INSURE	RB:					
	Construction LLC			K	INSURE	RC:					
	0 Little Salt Rd esco NE 68017				INSURER D:						
001	0000112 00011				INSURE	RE:					
	INSURER F:										
COV	COVERAGES CERTIFICATE NUMBER: 922592232 REVISION NUMBER:										
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										
CF	RTIFICATE MAY BE ISSUED OR MAY I	PERT	AIN.	THE INSURANCE AFFORDI	ED BY "	THE POLICIES	S DESCRIBED	HEREIN IS SUBJECT TO	ALL T	HE TERMS,	
	CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		BEENR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	-	(MM/DD/YYYY) 12/17/2021	(MM/DD/YYYY) 12/17/2022		\$ 1,000,	000	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			CLP3712520		12/1//2021	12/1//2022	DAMAGE TO RENTED	\$ 1,000, \$ 300,00	20.0	
	X 1,000							T TEMPOLO (La cocarroriso)	\$ 10,000		
	1,000								\$ 1,000,	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,		
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			CAP3712521		12/17/2021	12/17/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	X ANY AUTO								\$		
	OWNED SCHEDULED AUTOS							DZCCE INCIDEN - BO SECRETARIO - ME ENGLISHED SHARE SHE	\$		
2	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOC ONE!								\$		
Α	UMBRELLA LIAB X OCCUR			CUP2821309		12/17/2021	12/17/2022	EACH OCCURRENCE	\$ 2,000,	000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000,	000	
	DED X RETENTION \$ 10,000								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC3712519		12/17/2021	12/17/2022	PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000,	000	
	(Mandatory in NH)	Secretary a						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000	
					2						
DEO	DEDITION OF OPERATIONS / LOCATIONS / VEHICL	EC /A	CORD	101 Additional Pamarks Schadu	le may he	attached if more	snace is require	od)			
Pro	RIPTION OF OPERATIONS / LOCATIONS / VEHICL ject: ER9 — Road 20								www.	1.4	
Doc	lge County is primary, non contributory a tract executed prior to loss. Primary & n	additi	onal	insured for general liability	, includi the terr	ng ongoing a	nd products & ns of the insu	k completed operations, if r	require to the	d by Written contract.	
Dog	lge County is primary, non contributory	additi	onal	insured for automobile if re	equired l	by written cor	tract execute	d prior to loss. Primary & r	noncon	tributory	
stat	us is governed by the terms & condition ver of Subrogation applies for general li	s of t	he ins	surance policies of all parti	es to the	e contract, ion if required	l by written co	entract executed prior to los	3 36.		
vva	ver of Subrogation applies for general in	abilit	, aut	omobile, and workers con	iponoda	orr in rodairou	by minion of	#L	-		
									Ħ		
CET	RTIFICATE HOLDER				CANC	ELLATION		OH -			
CEI	TIFICATE HOLDER				- OANG	LLLATION		玉田 4	-		
								ESCRIBED POLICIES BE CA			
								REOF, NOTICE WILL BY PROVISIONS.	E DEL	IVERED IN	
	Dodge County				^00	C. IDANIOL WI		the state of the s	1		
	Highway Department 435 N. Park, Rm. 204				AUTHO	RIZED REPRESE		To large	<u>п</u>		
	Fremont NE 68025-4977				This of the						

Client#: 5060

ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2021

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 Holmes Murphy-Kansas City 1828 Walnut Street Suite 701	CONTACT Jenni Marino CIC, ARM, CRIS PHONE (A/C, No, Ext): 816-857-7812 E-MAIL ADDRESS: jmarino@holmesmurphy.com	
Property Casualty/MM-KC	INSURER(S) AFFORDING COVERAGE	NAIC#
Kansas City, MO 64108	INSURER A : Acuity	14184
	INSURER B : Navigators Insurance Company	42307
Wardcraft Homes, Inc.	INSURER C : Midwest Builders Casualty Mutual Co	13126
614 Maple Street	INSURER D : Everest Denali Insurance Company	16044
PO Box 55	INSURER E:	
Clay Center, KS 67432	INSURER F:	
	PEVISION NUMBER:	

	COVERAGES CERTIFICATE NUMBER:										
TH	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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,										
	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER BOCCHIENT WITH INSECTION OF ALL THE TERMS, 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.										
E	CLUS	SIONS AND CONDITIONS OF S	JCH POI	LICIE 2	LIMITS SHOWN WAT TITLE			LIMITS			
INSR LTR		TYPE OF INSURANCE	INSE	L SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)			\$1,000,000		
Α	X	COMMERCIAL GENERAL LIABILITY			ZE4856	11/24/2021		EACH OCCURRENCE			
		CLAIMS-MADE X OCCUR	- 1					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,000		
	Х	BI/PD Ded:5,000		1			1	MED EXP (Any one person)	\$10,000		
				· ·			1	PERSONAL & ADV INJURY	\$1,000,000		
	GEN	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000		
		POLICY PRO- JECT LOC					3	PRODUCTS - COMP/OP AGG	\$3,000,000		
		OTHER:						COMBINED SINGLE LIMIT	\$		
D	AUT	OMOBILE LIABILITY			CF8CA00018	11/24/2021	11/24/2022	(Ea accident)	\$1,000,000		
ויי					2000 0 9000000 0			BODILY INJURY (Per person)	\$		
	\vdash	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	-	HIRED I NON-OWNED						PROPERTY DAMAGE (Per accident)	\$		
	X	AUTOS ONLY AUTOS ONLY							\$		
В		UMBRELLA LIAB X OCCUR			HO21EXCZ06S70IV	11/24/2021	11/24/2022	EACH OCCURRENCE	\$5,000,000		
Ь	-	Z CCCC	MDE		TIOZ IZACE CON STA			AGGREGATE	\$5,000,000		
	Х		IADE						\$		
_	WO	DED RETENTION \$ RKERS COMPENSATION	_		WC1000001178	01/01/2022	01/01/2023	X PER STATUTE ER			
C	AND	EMPLOYERS' LIABILITY	Y/N		WC1000001110			E.L. EACH ACCIDENT	\$1,000,000		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	Y N/	A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000		
	(Ma	ndatory in NH) s, describe under						E.L. DISEASE - POLICY LIMIT			
	DES	CRIPTION OF OPERATIONS below	-	-							
			1						*		
		TION OF OPERATIONS / LOCATIONS /	VEUICLE	SIACO	RD 101 Additional Remarks Schedu	le, may be attached if m	ore space is requ	uired)			
DE	CRIP.	TION OF OPERATIONS / LOCATIONS /	VERICLE	3 (ACC	No 101, Additional Nomenia	•		\$10	D-3		
								0	2021		
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1								25 (11)	F		
						CANCELLATION			Lin		
CE	RTI	ICATE HOLDER				OMIGELEATION		W O	The state of the s		
1	SHOULD ANY OF THE AROVE DESCRIBED POLICIES BE CANCELLED BEFORE										

CERTIFICATE HOLDER

Dodge County Hway Department
435 N. Park
Fremont, NE 68025

Authorized Representative

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE, WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Authorized Representative

Cance Against

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_Dec. 16. 2021 1:37PM

CERTIFICATE OF LIABILITY INSURANCE

No. 8176 P. 1, MM/DP/7777

12/16/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ⊯ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES JELOW. 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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			DEL HOLON LAND	, per per,
Ames	NE	69621	INSURER F :	
1585 Cty Rd 14 Blvd			INSURER E:	
c/o Don Paseka			INSURER D :	
Maple Township			INSURER C:	
INSURED			INSURER B ;	
Scribner	NE	68057-0408	INSURERA: EMC Insurance Companies	
P.O. Box 408			INSURER(S) AFFORDING COVERAGE	NAIC #
505 Main Street		Q	E-MAIL ADDRESS:	
Swanson Insurance and	Real	Estate		AX A/C, No): (402) 664=3415
PRODUCER		•	NAME: House account	
CONTINUENCE PRODUCT IN HOT CO.	4.5.0.			

COVERAGES CERTIFICATE NUMBER: CL173900360

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 MAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	иміт	LIMITS		
مقالتم	x COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	5	1,000,000	
A		CLAIMS-MADE x OCCUR						DAMAGE TO RENTED PREMISES (Ee occurrence)	s	300,000	
					2X5-20-21	1/1/2022	1/1/2023	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	х	POLICY PRO- LOC					10	PRODUCTS - COMP/OP AGG	S	2,000,000	
		OTHER:							S		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000	
A		OTUA YNA						BODILY INJURY (Per person)	5		
-		ALL OWNED X SCHEDULED AUTOS NON-OWNED			2X5-20-21	1/1/2022	1/1/2023	BODILY INJURY (Per accident)	S		
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per eccident)	5		
					225				S		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	5		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION S			•			1 1 2 2 1 1 2 2 1	S		
		KERS COMPENSATION EMPLOYERS' LIABILITY						× PER OTH-			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE GERMEMBER EXCLUDED?	NIA					E.L. EACH ACCIDENT	\$	100,000	
A	(Man	(Mandatory In NH) If yes, describe under			2x5-20-21	1/1/2022	1/1/2023	E,L DISEASE - EA EMPLOYEE	\$	100,000	
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	500,000	
							L	C201	-		
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	s (AC	ORD 10	1, Additional Remarks Schedule, may be att	schod If more spa	ce is required)	C	1021		
								(in)	\subseteq		
								OFI			
								Ø- (°)	CD.		
								30	(T)		
								30	TO		
_		TALES HOLDED				SELL ATION			guiling pricess		
CEI	< 111	ICATE HOLDER			CANC	CELLATION		(in the state of t			

ERTIFICATE HOLDER	CANCELLATION	Tring Control					
Dodge County Highway Dept. 435 N. Park Courthouse, Room 204	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEDED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Fremont, NE 68025	AUTHORIZED REPRESENTATIVE						
	Karleen Meyer/KKM	Harlagen Meipel					

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SCALLAN

ACORD"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2021

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PROI	DUCER	CONTACT NAME:										
	rbrock-Norris Agency, Inc. . Box 816	>								402) 463-2469		
	tings, NE 68902-0816	7				_{s:} info@elle		rris.com				
	4		0	COPY		INSU	JRER(S) AFFOR	DING COVERAGE			NAIC#	
		1		00	INSURE	RA: BITCO II	nsurance (Companies			20095	
INSU	IRED			Ador	INSURE	RB: Contine	ntal Nation	al Indemnity				
	Williams Midwest Housemov			//	INSURE	RC:						
	P. O. Box 551	,			INSURE	RD:						
	Hastings, NE 68902-0551				INSURE							
					INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER:	1			REVISION NUM	BER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUIR PERTA	EME	NT, TERM OR CONDITION THE INSURANCE AFFORM	N OF AI DED BY	NY CONTRAC THE POLICIE	T OR OTHER	R DOCUMENT WITH	H RESPE	CT TO	WHICH THIS	
INSR LTR		ADDL S	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s '		
A	X COMMERCIAL GENERAL LIABILITY	HYSD I				,		EACH OCCURRENC	E	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CLP3701083		1/1/2022	1/1/2023	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000	
								MED EXP (Any one p	5.7	\$	5,000	
				8				PERSONAL & ADV IN		s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	1100000	\$	2,000,000	
	X POLICY PRO- LOC		- 61		1			PRODUCTS - COMP		\$	2,000,000	
								PRODUCTS - COMIT	701 AGG	s		
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	s	1,000,000	
	X ANY AUTO			CAP3701085	1	1/1/2022	1/1/2023	(Ea accident) BODILY INJURY (Per	r norcon)	S		
	OWNED SCHEDULED		1	,	1	17112022	11 112020	BODILY INJURY (Per	1000	\$		
								PROPERTY DAMAG (Per accident)		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
_	INCORPORAÇÃO DE CONTRA DE	\vdash			-			EAOU COOURRENO				
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	·E	\$		
					1			AGGREGATE		\$		
В	DED RETENTION\$							X PER STATUTE	OTH- ER	\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			46-034260-01-16		1/1/2022	1/1/2023				500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	500,000	
	If ves, describe under							E.L. DISEASE - EA E	December 2000 Victory		500,000	
Α	DÉSCRIPTION OF OPERATIONS below Motor Truck Cargo			CLP3701083		1/1/2022	1/1/2023	E.L. DISEASE - POLI		\$	120,000	
^	motor frack sarge							The Reference of the Second Control of the S		- /-	,	
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									gie Aच्या	1 1		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICU	LES (A	CORD	101, Additional Remarks Schedu	ule, may b	e attached if more	e space is requi	euj		DEC 18		
								ta.	と言う			
			_		2 83694				<u> </u>			
CE	RTIFICATE HOLDER				CANO	ELLATION			(3) (2)	- from		
	Dodge County Highway Dep 435 N. Park Ave Fremont, NE 68025		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	1 16mont, NE 00020				AUTHORIZED REPRESENTATIVE R. While R. While R. While R. White R. White							