Agenda Item # THOMCON-01

JKOBER

DATE (MM/DD/YYYY) 12/14/2021

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.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	the ce	rtificate holder in lieu of s	uch endorseme	nt(s).	15//	roquire un endorsemen	3	Catomont on	
PRODUCER			CONTACT Jamie Woods						
Ellerbrock-Norris Agency, Inc. P.O. Box 816			PHONE (A/C, No, Ext): (402) 463-2461 FAX (A/C, No): (402) 463-2469 E-MAIL ADDRESS: jwoods@ellerbrock-norris.com						
Hastings, NE 68902-0816			7.001.000						
		· C	INSURER(S) AFFORDING COVERAGE					20095	
INSURED		- \ O_	INSURER A : BITCO Insurance Companies					20033	
			INSURER B:						
Thompson Construction, Inc 2404 N. Lincoln Ave	;.		INSURER D:						
Fremont, NE 68025-2461						www.nii			
			INSURER E: INSURER F:						
COVERAGES CER	TIFICA	TE NUMBER:	INCORERT:			REVISION NUMBER:	31 153	<u> </u>	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH NOR TYPE OF INSURANCE	EQUIRE PERTAI	MENT, TERM OR CONDITIC N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	ON OF ANY CON RIDED BY THE F	NTRACT O OLICIES I D BY PAID	R OTHER DESCRIBI	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O ALL	WHICH THIS	
A X COMMERCIAL GENERAL LIABILITY	INSD W	POLICY NUMBER	(MM/DD/	(YYY) (MM/	(DD/YYYY)	LIMIT		1,000,000	
CLAIMS-MADE X OCCUR		CI D 2742506	1/1/20	122 44	1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
CLAIMS-MADE X OCCUR		CLP 3712586	1/1/20)22 1/	1/2023	STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR O	\$	10,000	
						MED EXP (Any one person)	\$	1,000,000	
						PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC						GENERAL AGGREGATE	\$	2,000,000	
					-	PRODUCTS - COMP/OP AGG	\$	_,,,,,,,,,	
A AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY AUTO		CAP 3712587	1/1/2022	1/2	1/2023	BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS		57 H 67 12551			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BODILY INJURY (Per accident)	\$		
HIRES ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY						(Fer accident)	\$		
A X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
EXCESS LIAB CLAIMS-MADE		CUP 2821311	1/1/2022)22 1/·	1/1/2023	AGGREGATE	\$	5,000,000	
DED X RETENTION \$ 10,000						NOONLONIE	s		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-			
		WC 3712585	1/1/2022	022 1/	1/2023	E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		3.			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
						NED.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICURE: 1852 CR #26, Fremont, NE.	LES (ACO	RD 101, Additional Remarks Sched	ule, may be attached	I If more spa	ce is requir	OR 4D DEN	021 DEC		
						# CEN	2		
						\$ III		2	
CERTIFICATE HOLDER			CANCELLAT	ION		TO TO	especial & DI		
Dodge County Nebraska 435 North Park Fremont, NE 68026			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Hemon, NE 00020			AUTHORIZED REPRESENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

1/1/2023

DATE (MM/DD/YYYY) 12/20/2021

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.

If SUBRE	ANT: If the certificate holder is an ADDITIONAL INSURED, the policy DGATION IS WAIVED, subject to the terms and conditions of the poli ificate does not confer rights to the certificate holder in lieu of such e	cy, certain policies may require an endorsement. A statement o endorsement(s).	1			
PRODUCER	Lockton Companies 444 W. 47th Street, Suite 900	CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No, Ext):				
	Kansas City MO 64112-1906 (816) 960-9000	(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:				
	(010) 300-3000	INSURER(S) AFFORDING COVERAGE	NAIC#			
	· O_	INSURER A: The Cincinnati Insurance Company	10677			
INSURED	KOSS CONSTRUCTION CO.	INSURER B: Midwest Builders Casualty Mutual Company	13126			
1502666	PO Box 751263	INSURER C: Lloyds of London				
	TOPEKA KS 66675	INSURER D:				
		INSURER E:				
		INSURER F:				
COVERA	GES KOSS CERTIFICATE NUMBER: 17723382	REVISION NUMBER: XX				
THIS IS	TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H ED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INTERPRETED TO THE INTERPRET OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	O WHICH THIS			
EXCLUS	IONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	MAVE BEEN REDUCED BY PAID CLAIMS.				

	ADDL INSD			POLICY EFF (MM/DD/YYYY)			3
CLAIMS-MADE V OCCUR	Y	N	EPP0638679	1/1/2022		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:	_						\$
UTOMOBILE LIABILITY	Y	N	EPP0638679	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO	1000	2-30-11				BODILY INJURY (Per person)	\$ XXXXXXX
OWNED SCHEDULED			1			BODILY INJURY (Per accident)	\$ XXXXXXX
				1		PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
ANTON ONE!							\$ XXXXXXX
UMBRELLA LIAB X OCCUR	N	N	EPP0638679	1/1/2022	1/1/2023	EACH OCCURRENCE	\$ 15,000,000
EXCESS LIAB CLAIMS-MADE	***	*.3	XS1142922	1/1/2022	1/1/2023	AGGREGATE	\$ 15,000,000
DED X RETENTION \$10,000							\$ XXXXXXX
ORKERS COMPENSATION		N	WC100-0004851-2022A	1/1/2022	1/1/2023	X PER STATUTE OTH-	
NY PROPRIETOR/PARTNER/EXECUTIVE	N/A	-	* 0			E.L. EACH ACCIDENT	\$ 1,000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s 1,000,000
			9.				
	EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y PROPRIETOR/PATINER/EXECUTIVE FIGER/MEMBER EXCLUDED? andatory in NH) es, describe under SCRIPTION OF OPERATIONS below	EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y PROPRIETORIPARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED? andatory in NH) es, describe under SCRIPTION OF OPERATIONS below	EN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EXCESS LIAB UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y PROPRIETOR/PATNER/JECUTIVE FICER/MEMBER EXCLUDED? andatory in NH) ese, describe under SCRIPTION OF OPERATIONS below	EN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000 ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N Y PROPRIETORI/PARTNER/EXECUTIVE FICER/MEMBRE EXCLUDED? ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N Y PROPRIETORI/PARTNER/EXECUTIVE FICER/MEMBRE EXCLUDED? N/A WC100-0004851-2022A	EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY LIMBED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY LIMBED AUTOS ONLY N EPP0638679 XS1142922 1/1/2022 1/1/2022 1/1/2022 1/1/2022 N WC100-0004851-2022A 1/1/2022 I/1/2022 I/1/2022	N'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY X PRO OTHER: POLICY X PRO OTHER: PRODUCTS - COMPIOP AGG OTHER: TOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ON

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
DODGE COUNTY, NEBRASKA IS ADDITIONAL INSURED ON GENERAL LIABILITY AND AUTO LIABILTY COVERAGE, AS REQUIRED BY
WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, FOR CANCELLATION FOR ANY REASON OTHER
THAN NONPAYMENT OF PREMIUM, THE INSURER(S) WILL SEND 30 DAYS NOTICE OF CANCELLATION TO THE CERTIFICATE HOLDER.

de. 60 23

CERTIFICATE HOLDER	CANCELLATION See Attachment	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
17723382	AUTHORIZED REPRESENTATIVE	
DODGE COUNTY, NEBRASKA 435 N PARK AVE FREMONT NE 68025		

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved

Attachment Code: D602193 Master ID: 1502666, Certificate ID: 17723382

Lockton Companies 444 W. 47th Street, Suite 900 Kansas City, MO 64112

KOSS CONSTRUCTION CO..; 1502666



17723382 DODGE COUNTY, NEBRASKA 435 N PARK AVE, FREMONT, NE 68025

Dear Valued Client:

In our continuing effort to provide timely certificate delivery, Lockton Companies is utilizing paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via the email below and reference Certificate ID: 17723382. You must reference this Certificate ID number in order for us to complete this process.

Certificate ID: 17723382
 Email: kctsu@lockton.com
 Subject Line: TSU E-Delivery

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

Please note that after February 2022, printed certificates will no longer be available.

If you no longer need this certificate, please contact us at the email address above, reference the Holder ID number and use this subject line: "Certificate Removal"

NOTE: The above email is a collector email regarding electronic delivery of certificates only. <u>Please do NOT send certificate requests or other insurance inquiries to this inbox as responses will be delayed or missed.</u>

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies
Technical Services Unit



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2021

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 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).

се	rtific	cate holder in I	ieu d	of such endors	eme	nt(s).					and the same of th				
PRODUCER								CONTACT NAME:							
ml W.J. and Long Control						PHONE (A/C, No, Ext): 502-244-1343 FAX (A/C, No): 502-244-1411									
The Underwriters Group, Inc. 1700 Eastpoint Parkway						E-MAIL ADDRESS:									
P.O. Box 23790											NAIC #				
Louisville, KY 40223								INSURERA: Safety National Casualty Corporation 15105					15105		
INSUI	INSURED								INSURER B:						
Getzschman Heating, LLC								INSURER C:							
1700 E 23rd Avenue								INSURER D:							
Fre	Fremont NE 68025								INSURER E :						
									INSURER F:						
COV	/FR	AGES		CER	TIFIC	ΔTF	NUMBER:	INSUKE	KI.	1	REVISION NUMBER:		***		
			ГНАТ				RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO			IE POL	ICY PERIOD		
IN	DICA	ATED. NOTWITH	HSTA	ANDING ANY RE	QUIR	EME	NT. TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	OCUMENT WITH RESPECT	CT TO	WHICH THIS		
CE	RTI	FICATE MAY BE	ISS	SUED OR MAY I	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBED	HEREIN IS SUBJECT TO) ALL	THE TERMS,		
10 35	CLU		22000			SUBR	LIMITS SHOWN MAY HAVE	DEEN	POLICY EFF (MM/DD/YYYY)		The second secon				
INSR LTR		TYPE OF IN		ANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	2000 000000			
Α	Х	COMMERCIAL GE	NERA	L LIABILITY	Х	Х	GL6676140		12/31/2021	12/31/2022	DAMAGE TO RENTED	195 (1971)	00,000		
		CLAIMS-MAD	ΕĮ	OCCUR							PREMISES (Ea occurrence)	\$100,			
											MED EXP (Any one person)	\$5,00			
										-	PERSONAL & ADV INJURY	\$2,00	00,000		
	GEN	LAGGREGATE LIN		PPLIES PER:							GENERAL AGGREGATE	\$4,00	00,000		
		POLICY PR	O- CT	LOC							PRODUCTS - COMP/OP AGG	\$4,00	00,000		
		OTHER:										\$			
A	AUT	OMOBILE LIABILIT	Υ		х	х	CA6676140		12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,00	00,000		
	Х	ANY AUTO									BODILY INJURY (Per person)	\$			
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	X	HIRED AUTOS	Х	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
		Tim (LD) (C) (C)		A0103								\$			
		UMBRELLA LIAB	Τ	OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$			
		DED RETE	NTIO									\$			
A		RKERS COMPENSA	TION			Х	LDS4066109		12/31/2021	12/31/2022	X PER OTH- STATUTE ER				
		PROPRIETOR/PART									E.L. EACH ACCIDENT	\$1,00	00,000		
	OFF	ICER/MEMBER EXCI			N/A						E.L. DISEASE - EA EMPLOYEE		00,000		
	If ve	ndatory in NH) s, describe under	3 A TIO	NO beleve							E.L. DISEASE - POLICY LIMIT		00,000		
	DES	CRIPTION OF OPER	KATIC	JNS below							E.E. DIOLAGE - OCIO EIWIT	Ψ-/	.,,		
											(i)	20			
DEC	COID	TION OF OPERATIO	NS / I	OCATIONS / VEHIC	IES (ACORE	l D 101, Additional Remarks Schedu	ıle may h	ne attached if mo	re space is requir	rod) til.	12			
DES	CRIP	HON OF OPERATIO	NO / L	OCATIONS / VEHIC	LLO (A	HOOKE	7 101, Additional Remarks Schede	uie, iliay k	oc attached if file	re apase is requi	ed) (A ←¬¬	C			
											Offi	44.000 44.000			
											₩ □	9			
											نعب کیا				
											* B				
											**				
	-							100 S 100 S 100 S			(22)	Ü			
CE	RTIE	ICATE HOLD	ER					CAN	CELLATION			<u>ယ</u>			
Do	dge	County Jud	lici	al Center				6116	NII D ANV OF	THE ABOVE D		ANCEL	ED BEFORE		
											ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I				
Do	dge	County Cou	irth	ouse							Y PROVISIONS.		The Control of the Co		
Fr	emo	nt NE 68025						AUTHORIZED RERRESENTATIVE							
	IGHOITE III 00025								1 12 11 70 11 100						

© 1988-2014 ACORD CORPORATION. All rights reserved.

Client#: 17028

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY) 01/04/2022

PLATT5

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).

	DUCER				Perry, CISF					
	PRO Marsh & McLennan Agency			PHONE (A/C, No, Ext): 402-941-1925 FAX (A/C, No): 402-721-2844						
	. Box 689		COST	E-MAIL ADDRESS: aperry@insproins.com						
	mont, NE 68026					NAIC #				
402	721-9707			INSURER(s) AFFORDING COVERAGE INSURER A : Employers Mutual Insurance 2141						
NSU				INSURER B:						
	Platte Township			INSURER C:						
	c/o ZachTaylor 3621 N Ct I	Rd 19		INSURER D :						
	Fremont, NE 68025									
				INSURER E:						
COI	ERAGES CER	TIEICA	ATE NUMBER:	INSURER F: REVISION NUMBER:						
*	IIS IS TO CERTIFY THAT THE POLICIES			VE BEEN ISSUED TO	***************************************		POLICY	/ PERIOD]		
IN	DICATED. NOTWITHSTANDING ANY REC	QUIREN	MENT, TERM OR CONDITION O	F ANY CONTRACT OF	R OTHER DOO	CUMENT WITH RESPECT	TO WHI	CH THIS		
	ERTIFICATE MAY BE ISSUED OR MAY P						ALL THE	TERMS,		
	CLUSIONS AND CONDITIONS OF SUCH					V. SORGE CA.				
NSR TR	TO BET IN BERNELE UNION CONTROL CONTR	ADDL S INSR W			POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY		4D65592	01/01/2022	01/01/2023	EACH OCCURRENCE	\$1,000			
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	i		
						MED EXP (Any one person)	\$5,000	0		
	()					PERSONAL & ADV INJURY	\$1,000	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,00		0,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000	0,000		
	OTHER:						\$			
Α	AUTOMOBILE LIABILITY		4E65592	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000		
	X ANY AUTO					BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$			
	X HIRED X NON-OWNED AUTOS ONLY		1			PROPERTY DAMAGE (Per accident)	\$			
	AUTOS CINET				1	(Fer accident)	\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	OLAIMO-MADE					Addredate	\$			
Α	DED RETENTION \$ WORKERS COMPENSATION		4M65592	01/01/2022	01/01/2023	X PER OTH-	Ф			
А	AND EMPLOYERS' LIABILITY V/N		41000092	01/01/2022	01/01/2023		*F00 (100		
ANY PROPRIETOR/PARTNER/EXECUTIVE N		N/A			-	E.L. EACH ACCIDENT	\$500,0			
	(Mandatory in NH) If yes, describe under						\$500,0	E. (1) (1)		
_	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,0	000		
		1 50 (1)	0000 404 4 1 1111 1 1 0 1 1 0 1 1			, es	~			
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC / Orkers Comp Information **	LES (AC	CORD 101, Additional Remarks Sched	ule, may be attached it mo	ore space is requi	red)	202	ļ		
	er States Coverage					*U. G-41	\sim			
Otti	er States Goverage						233 C""	1		
						OH :		1		
							£	İ		
			4			Section and	T-100			
	Name of the Control o					<u> </u>				
CEF	RTIFICATE HOLDER			CANCELLATION		< -	.			
						प्रस् रोग	***			
	Dodge County Highway	Dept.	Attn:			SCRIBED POLICIES BE CA				
	Jean Andrews	8	F	ACCORDANCE W	TH THE POL	reof, notice will bi Licy provisions.	- DELI	אבעבה ווא		
	435 N Park, Room 204				and the second second					
	Fremont, NE 68025			AUTHORIZED REPRESENTATIVE						
	, , , , , , , , , , , , , , , , , , , ,									
				Ronlall I. Eikmier						