ACORD, CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY) 01/31/2022 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION PRODUCER ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. North Bend Insurance Agency, Inc. P.O. Box 10 North Bend, NE 68649 INSURERS AFFORDING COVERAGE INSURED INSURER A: Employers Mutual Insurance Co Cotterell Township INSURER B: P.O. Box 434 Agenda Item # INSURER C: North Bend, NE 68649 INSURER D INSURER E: COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) LIMITS \$1,000,000 GENERAL LIABILITY EACH OCCURRENCE 100,000 X COMMERCIAL GENERAL LIABILITY FIRE DAMAGE (Any one fire) CLAIMS MADE X OCCUR 5,000 MED EXP (Any one person) 2X6-48-00 02/01/2022 02/01/2023 A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS 02/01/2022 02/01/2023 2X6-48-00 A SCHEDULED AUTOS HIRED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) GARAGE LIABILITY AUTO ONLY - EA ACCIDENT S EA ACC ANY AUTO S OTHER THAN AUTO ONLY: AGG \$ \$1,000,000 EXCESS LIABILITY EACH OCCURRENCE 2J6 - 48 - 0002/01/2022 02/01/2023 CLAIMS MADE AGGREGATE ,000,000 X OCCUR A DEDUCTIBLE \$ RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 500,000 E.L. EACH ACCIDENT 02/01/2022 02/01/2023 2H6-48-00 A E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT 500,000 OTHER Aggregate Limit 02/01/2022 b2/01/2023 Errors & Omissions 2K6-48-00 A ≥\$1,000,000 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS CERTIFICATE HOLDER CANCELLATION ADDITIONAL INSURED; INSURER LETTER: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION Dodge County Highway Department DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN Dodge County Courthouse NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL 435 N. Park IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR 68025 Fremont, NE REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25-S (7/97)

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CERTIFICATE OF LIABILITY INSURANCE

No. 8214 P. 1, MM/PD/7777)

2/9/2022

■HIS 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 LELOW. 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(les) 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).

PRODUCER			3	NAME: Steve Swanson		
Swanson Insurance and Re-	al	Estate /		PMONE (A/C, No. Ext): (402) 664-3500	FAX (A/C, No): (402) 66	4-3415
505 Main Street			C-	E-MAIL ADDRESS: swansonmail@gpcom.net		
P.O. Box 408			0	INSURER(S) AFFORDING COVERA	GE	NAIC #
Scribner	NE	68057-0408	Op	INSURER A: EMC Insurance Companies		
INSURED				INSURER B:		
Hooper Township				INSURER C:		
c/o Larry Klahn				INSURER D;		
PO Box 236				INSURER E :		
Hooper	NE	68031		INSURER F:		
COVERAGES		CERTIFICATE	NUMBER: CL19260101	5 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 HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSR LYR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 300,000 CLAIMS-MADE X OCCUR \$ A PREMISES (Ea occurrence) 5,000 2/28/2022 428 94 43 2/28/2029 S MED EXP (Any one person) 1,000,000 PERSONAL & ADVINJURY 5 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY S OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) S 4X9 94 43 02/28/2022 02/28/2023 OTUA YAA A ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) × AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS 9 EACH OCCURRENCE UMBRELLA LIAB S OCCUR **EXCESS LIAB** \$ CLAIMS-MADE AGGREGATE s DED RETENTION S x PER STATUTE **WORKERS COMPENSATION** AND EMPLOYERS' LIABILITY 02/28/2023 02/28/2022 100,000 ANY PROPRIÉTOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? 4X9 94 43 E.L EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 100,000 If yes, describe under DESCRIPTION OF OPERATIONS below EL. DISEASE - POLICY LIMIT 500,000 291,400 51000 deductible 02/28/2022 02/28/2023 A 2020 Cat 12M3AWD, #N9B00996 4X8 94 43

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

CERTIFICATE HOLDER	CANCELLATION	the same of the sa
Dodge County Highway Department	SHOULD ANY OF THE ABOVE DESCR THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PR	

435 N. Park St. Courthouse, Room 204 Fremont, NE 68025

AUTHORIZED REPRESENTATIVE

CANCELLATION

Harlow Meiger Karleen Meyer/KKM

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DEDTIES A TE HALBER

A	CORD	CERTIF	ICATE OF LIA	ABILI	ITY INS	URANCE		DATE (MW/DD/YY)
FROD	North 1 616 Ma	in Street	ance Agency, Inc.	* ***	ONLY AND	CONFERS NOTHIS CERTIFICA	JED AS A MATTER CONTINUES OF THE PORT OF T	OF INFORMATION HE CERTIFICATE ND. EXTEND OR
	P.O. Borth		68649			INSURERS A	AFFORDING COVERA	GE
INSUR	ED		· · · · · · · · · · · · · · · · · · ·		INSURER A:	mplovers M	utual Casualty	Co.
	Union '	Township	452		INSURER B:			
	1571 C	county Rd.	2		INSURER C:		Jan. 19	
	North:	Bend, NE	68649		INSURER D:			
		~			INSURER E:			
TH AN MA	Y REQUIREMENT Y PERTAIN, THE	TERM OR CONI INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO DITION OF ANY CONTRACT OF DROED BY THE POLICIES DESC IN MAY HAVE BEEN REDUCED	R OTHER D RIBED HE	DOCUMENT WITH REIN IS SUBJECT	RESPECT TO WE	ICH THIS CERTIFICATE	MAY BE ISSUED OR
INSR LTR	TYPE OF IN	SURANCE	POLICY NUMBER	P	OLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	TS
	GENERAL LIABILITY						EACH OCCURRÊNCE	* 1,000,000
Α	X COMMERCIAL	BENERAL LIABILITY	8D4 61 50	0.3	3/10/2022	03/10/2023	FIRE DAMAGE (Any one fire)	8 100,000
	CLAIMS M.	ADEOCCUR				1	MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
						=	GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X POLICY .	PRO- JECT LOC				0.000		
	ANY AUTO	LITY			1		COMBINED SINGLE LIMIT (Eq godident)	\$ 1,000,000
A	ALL OWNED AL	20.500.00	8E4 16 50	þ:	3/10/2022	03/10/2023	BODILY INJURY (Per person)	\$
	X HIRED AUTOS X NON-OWNED A	LUTOS					BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$,
	GARAGE LIABILITY		9				AUTO ONLY - EA ACCIDENT	3
	ANY AUTO						OTHER THAN EA ACC	~
	EXCESS LIABILITY					<u></u>	EACH OCCURRENCE	\$
	OCCUR [CLAIM9 MADE	-				AGGREGATÉ	8
	DEDUCTIBLE							\$
	RETENTION	\$						\$
	WORKERS COMPEN						TORY LIMITS X ER	-
_	EMPLOYERS, LIABI	LITY .	8H4 61 50	6	3/10/2022	03/10/2023	E.L. EACH ACCIDENT	\$ 500,000
A			0114 07 20	γ.	3/ 10/ 2022	03/10/2023	E.L. DIBEASE - EA EMPLOYI	The state of the s
						1	E.L. DISEASE - POLICY LIMI	500,000
A	Errors &	Omissions	8K4 61 50	Q.	3/10/2022	03/10/2023	Aggregate Lim	i
			TURN FOR VOLUME ADDED BY PAR	DADAGUELE	Chrolal nooling			\$ 1,000,000
DE30	CRIPTION OF OPERA	HONS/LOCATIONS/VE	emicles/exclusions added by eng	Jorgemeni.	/SPECIAL PROVISIO	NS.	THE STATE OF THE S	2 PH
			•.					<u>5</u>
١.					37			30
CE	HIFICATE HOL	DER AD	DITIONAL INSURED; INSURER LETTE	A:	CANCELLA'	TION		
	*						BED POLICIES BE CANCELLE	BÉFORE THE EXPIRATION
			Department		DATE THEREO	F, THE ISSUING INSUR	REP WILL ENDEAVOR TO MAI	L O DAYS WRITTEN
		ity Courtho			NOTICE TO THE	E CERTIFICATE HOLDS	r named to the left, but	Failure to do 90 shall
	435 N. Pa				IMPOSE NO CE	sligation or liabili	TY OF ANY KIND UPON THE	INSURER, ITS AGENTS OR
		NE 68025			REPRESENTAY	****	1	0
	54	E 437.	400_707 0700		AUTHORIZED RE	PRESENTATIVE	509	Nan
Ļ	ORD 25-S (7/97)		402-727-2723			× fle	account &	CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/17/2022

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	CONTACT NAME:					
AON Risk Services Central, Inc. Omaha NE Office	PHONE (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-0017	1				
17807 Burke Street Suite 401	E-MAIL ADDRESS:					
Omaha NE 68118 USA	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	INSURER A: Everest National Insurance Co 10	0120 .				
City of Fremont Department of Utilities	INSURER B: ASSOC Electric & Gas Ins Serv Ltd -AEGIS AA	3190004				
400 East Military Avenue Fremont NE 68025 USA	INSURER C:	-				
	INSURER D:					
	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER: 570091319	45 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,

R	TYPE OF INSURANCE	ADDL SUBPINSD WVD	POLICY NUM	BER .	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY		EN4GL00095211		12/31/2021	12/31/2022	EACH OCCURRENCE	\$1,000,00
	CLAIMS-MADE X OCCUR				2 9	n	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,00
							MED EXP (Any one person)	\$10,00
	7					525	PERSONAL & ADV INJURY	\$1,000,00
-	GEN'L AGGREGATE LIMIT APPLIES PER:					02	GENERAL AGGREGATE	\$2,000,00
-	X POLICY PRO- JECT LOC		×		s s		PRODUCTS - COMP/OP AGG	\$2,000,00
1	AUTOMOBILE LIABILITY					W. C. F. C.	COMBINED SINGLE LIMIT (Ea accident)	
-	ANY AUTO						BODILY INJURY (Per person)	
-	OWNED SCHEDULED				*		BODILY INJURY (Per accident)	
-	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY			20 Co	.20	9	PROPERTY DAMAGE (Per accident)	
╁	UMBRELLA LIAB OCCUR		XL5056411P		12/31/2021	12/31/2022	EACH OCCURRENCE	\$10,000,00
L	_	į.	7,20001,221		22/ 32/ 2022		AGGREGATE	\$20,000,00
30	X EXCESS LIAB X CLAIMS-MADE			82			AGGREGATE	\$20,000,00
L	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		(6)			10	PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)				_		E.L. DISEASE-EA EMPLOYEE	2
Ĺ	if yes, describe under DESCRIPTION OF OPERATIONS below			9	35		E.L. DISEASE-POLICY LIMIT	
							30,000	- 3
								2022
L B	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD :	01 Additional Romarks Sc	shodula may bo	ttached if more	opana la raguira	n in the second	10
	ence of Insurance.	LO (ACOND		oneddie, may be i	macheu il more .	space is required) 34 6) -m	LLI
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27	TIFICATE HOLDER	-	50 50	CANCELLA	TION			4.0 . junios
2		<u>,</u> 9) (e	SHOULD A EXPIRATION POLICY PRO	DATE THERE	BOVE DESCRI OF, NOTICE WI	BED POLICIES BE CANCELL LL BE DELIVERED IN ACCOR	ED BEFORE THE DANCE WITH THE
	Dodge County	3 =		AUTHORIZED R	PRESENTATIVE			
	Courthouse 435 North Park				3	ē	(%)	*
	Fremont NE 68025 USA		1	1 man	1 60	10	rices Central .	

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