Date Entered: 5/13/2022

DATE (MM/DD/YYYY)

5/16/2022

## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. 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										
	NIRMA	//	>	PHONE (402	742-9220	FAX	(402)	742-9230		
	8040 Eiger Drive	1		PHONE (A/C, No. Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230 E-MAIL ADDRESS: larry@nirma.info						
	P.O. Box 85210	~								
	Lincoln, NE 68516						Naan	NAIC# 53750		
INSUF	RED Dodge County									
	Dodge councy	INSURER B:								
	435 N Park	INSURER C:								
	Fremont, NE 68025			INSURER D:						
	riemone, ME 00025			INSURER E:						
INSURER F:										
COVERAGES CERTIFICATE NUMBER: 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.										
INSR LTR	TATE OF HIGHPANOT	DDL SUBF	3	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIN	ITS			
A	COMMERCIAL GENERAL LIABILITY	NSD WVD	FOLIOT RUMBER	(MM/DD/YYYY)	(WWIDDIYYYY)		-	00,000		
		$\times$	N-2122-5	7/1/2021	7/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	ED V			
-						ED EXP (Any one person) \$				
1						PERSONAL & ADV INJURY \$				
1	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$				
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	s			
	OTHER:						\$			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO			1		BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS			1		BODILY INJURY (Per accident	) \$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE	\$			
	AUTOS ONET					(Per accident)	\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s			
	DED RETENTION \$					-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-				
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s			
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$					
	If yes, describe under DESCRIPTION OF OPERATIONS below						DISEASE - POLICY LIMIT \$			
						C.E. DIGENGE T POLICY CHAIN	1.0			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	i 101, Additional Remarks Schedule,	may be attached if more	space is required)	U	202			
						ea co	- T			
	Dodge County Election Commission					9. 0.0				
Vieti	ropolitan Community College is cor	nsidere	d an additional insured	I with respects t	o liability cov	erage	ή σ			
	P				Σ:	45.7		. 1		
CEP	TIFICATE HOLDER			OANOEL LATIO			7 3			
OLI	TILICATE HOLDER			CANCELLATION		145	- 0	<del>)                                    </del>		
Metropolitan Community College SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFOR								3		
	Attn: Hanne Kruse	onege		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
P.O. Box 3777										
Overla NF COLOR OTT										
	Omana, NL 00103-0///			AUTHORIZED REPRESENTATIVE						
1/ gry Lean										



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2022

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).

PROI	PRODUCER							CONTACT NAME: Tammy Niewohner					
Scribner Insurance Agency								X (C, No): 402-66	4-2749				
PO Box K, 408 Main Street					E-MAIL ADDRESS: tammy@scribnerins.com								
Scribner, NE 68057					INSURER(S) AFFORDING COVERAGE NAIC #								
					V C	INSURE	INSURER A: Jones Insurance Agency Inc						
INSU	RED				0		INSURER B:						
		Webster Township				INSURER C:							
		Russell Hunke											
		PO Box 132				INSURER D :							
		Dodge, NE 68633				INSURER E:							
CO	/ED	AGES CER	ATE	NUMBER: 00003666-7	INSURER F: 75328 REVISION NUMBER: 6								
	7-71			CONTRACTOR OF THE PARTY OF THE		7.7.	SSUED TO TH			ALCOHOLOGIC CONT.	FRIOD		
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.													
INSR LTR			ADDL	SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS							
A	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER PEP 3127471-26		(MM/DD/YYYY) 05/15/2022	(MM/DD/YYYY) 05/15/2023	EACH OCCURRENCE	s s	1,000,000		
A	^				PEF 312/4/1-20		05/15/2022	05/15/2023	DAMAGE TO RENTED		100,000		
		CLAIMS-MADE OCCUR							PREMISES (Ea occurrer				
									MED EXP (Any one pers		5,000		
									PERSONAL & ADV INJU		1,000,000		
		'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		2,000,000		
	Х	POLICY PRO- LOC							PRODUCTS - COMP/OR		2,000,000		
_		OTHER:							COMBINED SINGLE LIN	MIT -			
Α	AUT	OMOBILE LIABILITY			PEP 3127471-24		05/15/2022	05/15/2023	(Ea accident)		1,000,000		
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per pe				
		AUTOS ONLY AUTOS							BODILY INJURY (Per ac PROPERTY DAMAGE	2/10/2019/99/99 V			
1		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
										\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
-		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$							1 200	\$			
		KERS COMPENSATION EMPLOYERS' LIABILITY			WCA3127472-26		05/15/2022	05/15/2023	X PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDENT	\$	100,000			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMF	PLOYEE \$	100,000			
	If yes	, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT \$	500,000		
									(J	12			
									)0	2022			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
9.													
									-	包7			
CERTIFICATE HOLDER						CANO	CELLATION			E 1	· -		
Dodge County Highway Department Dodge County Courthouse 435 N Park. RM 204 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.							
						AUTHORIZED REPRESENTATIVE							
Fremont, NE 00025													
							Town Viewskier (TAN)						