Policy Number: Date

CERTIFICATE OF PROPERTY INSURANCE

DATE (MWDD/YYYY)

07/15/2022

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

REI	PRES	ENTATIVE	OR PRODUCE	R, AND THE CERTIFICATE HOLDER					1-11-1-1	
PRODU	CER	R CONTACT NAME:								American management of the second
Wallach			iger Drive	PHONE (A/C, No, Ext);	PHONE (A/C, No, Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230					
			ож 85210	ADDRESS; lar:	E-MAIL ADDRESS: larry@nirma.info					
			n, NE 6851	PRODUCER CUSTOMER ID:	PRODUCER					
						INSURER(S) AFFORDING COVERAGE NAIC#				
INSURED		Dodge County			INSURER A: NE	INSURERA: NE Intergovernmental Risk Mgmt. Assn. 5375				
					INSURER B:	INSURER B:				
		435 N Park			INSURER C:	INSURER C:				
		Fremon	t, NE 6802	15	INSURER D:	INSURER D:				
					INSURER E :	INSURER E:				
					INSURER F:	INSURER F:				
COVI	The same of the sa	THE RESERVE OF THE PERSON NAMED IN COLUMN 1		CERTIFICATE NUMBER:		REVISION NUMBER:				
LOCAT	ION OF	PREMISES / DI	ESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remark	ks Schedule, if more space	ls required)				
DE. 20	034.6	·- A ///	220							
RE; ZI	021 C	aterpiliar	320 seriai no	o. MYK11326, value \$332,426 ar	nd 2021 Caterpilla	r 5330878-WT-	HE)	(thumb serial no. T	THC109	915
				nsidered a loss payee with respe	ects to specified e	quipment for th	ie d	uration of the Insu	red's le	egal
Intere	est in	the prope	erty	HOISE OF MOURANCE VICES	U 170 == ====			***		
INDI	CATE	D. NOTWIT	HSTANDING AN	LICIES OF INSURANCE LISTED BELOW Y REQUIREMENT, TERM OR CONDIT MAY PERTAIN THE INSURANCE ARE	V HAVE BEEN ISSUE	ED TO THE INSURI	ED I	NAMED ABOVE FOR T	HE POLI	CY PERIOD
CER	TIFICA	TE MAY B	E ISSUED OR	MAY PERTAIN, THE INSURANCE AFE	ORDED BY THE PO	LICIES DESCRIBED	HE	EREIN IS SUBJECT TO	ALL T	HE TERMS,
INSR	LUSIO	NO AND GOI	ADITIONS OF SU	TOLICIES, LIWITS SHOWN MAY HAVI	POLICY EFFECTIVE	PAID CLAIMS. POLICY EXPIRATION	1			
LTR		TYPE OF INS	URANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS
L	PR	OPERTY						BUILDING	\$	
(CAUSES	S OF LOSS	DEDUCTIBLES	_				PERSONAL PROPERTY	s	
	BAS	SIC	BUILDING					BUSINESS INCOME	\$	
	BRO	DAD	CONTENTS	4				EXTRA EXPENSE	\$	
	SPE	ECIAL						RENTAL VALUE	\$	
	EAF	RTHQUAKE					-	BLANKET BUILDING		
	NIM	ND		1			-	BLANKET PERS PROP	\$	
<u> </u>	FLC	OOD		1 -			-	BLANKET BLDG & PP	\$	
-	-			4			┢	BLANKET BLUG & PP	\$	
-				-			-		\$	
A >	Z INI	AND MARINE	L	TYPE OF POLICY	7/1/2022	7/1/2023	7	D 0 1 1 1	\$	
CAUSES		OF LOSS		TYPE OF POLICY	1/1/2022	7/1/2023	()	Per Schedule		1,700
								Deductible	\$1,00	00
-	NAMED PERILS			POLICY NUMBER					\$	
		<u></u>	Marine and American	NP-2223-5					\$	the meaning of the management of the
CRIME									\$	
Т	YPE OF	POLICY							\$	
	_							\bar{\bar{\bar{\bar{\bar{\bar{\bar{	\$ 20	
		ILER & MACHII UIPMENT BRE						5°.	\$ 13	
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SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
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			0					94.7 64	Ċ	
								- Li-	C	
CERTIFICATE HOLDER										

CANCELLATION

Arvest Bank ISAOA/ATIMA P.O. Box 1867 Kennesaw, GA 30156

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

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CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 7/14/2022

DATE (MM/DD/YYYY)

7/15/2022

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), CONTACT NAME: PRODUCER NIRMA PHONE (402) 742-9220 [AG. No. Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230 8040 Eiger Drive e-MAIL ADDRESS: larry@nirma.info P.O. Box 85210 INSURER(S) AFFORDING COVERAGE NAIC# Lincoln, NE 68516 MSURERA: NE Intergovernmental Risk Mgmt. Asan 53750 INSURED Dodge County INSURER B : INSURER C: 435 N Park INSURER D : Fremont, NE 68025 **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. ADDL SUBR POLICY EFF (MM/DO/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) CLAIMS-MADE X OCCUR N-2223-5 7/1/2022 7/1/2023 MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POHCY Lioc PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO **BODILY INJURY (Per person)** OUNEO AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) ALITOS ONI UMBRELLA LIAB OCCUR EACH OCCURRENCE s EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required; RE: 2021 Caterpillar 320 serial no. MYK11326, value \$332,426 and 2021 Caterpillar 5330878-WT-HEX thumb serial no. THC10915 Arvest Bank ISAOA/ATIMA is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the insured's legal interest in the property α **CERTIFICATE HOLDER** CANCELLATION Ω SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Arvest Bank ISAOA/ATIMA THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 1867 Kennesaw, GA 30156

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AUTHORIZED REPRESENTATIVE