ACORD®

CERTIFICATE OF LIABILITY INSURFANCE

Agenda Item #____

DATE (MM/DD/YYYY)

ATE (MM/DD/YYYY 09/19/2022

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
	DUCER			CONTACT Katie Shipp								
Dod	lge Partners Insurance, LLC				PHONE (402) 938-5016 FAX (A/C, No, Ext): (402) 938-5090							
	1 W Dodge Rd, Suite 100		1	7	E-MAIL ADDRESS: Katie.Shipp@dodgepartners.com							
		-)	.	ADDILL	33.		RDING COVERAGE		T	NAIC#	
Dodge Partners Insurance, LLC 8701 W Dodge Rd, Suite 100 Omaha NE 68114-3429						INSURER A: Continental Western Group					10804	
INSURED					INSURE	INSURER B: Previsor/Missouri Employers Mutual					10191	
Cooney Fertilizer, Inc				INSURER C:						2		
1030 26th Rd						INSURER D:						
				9	INSURE	RE:						
	Walthill			NE 68067	INSURER F:							
				NUMBER: 2022 - 2023				REVISION NUMB				
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												
CE	ERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, TH	HE INS	SURANCE AFFORDED BY THE	E POLICI	IES DESCRIBEI	D HEREIN IS SI	UBJECT TO ALL TH	E TERMS,	5		
EX	XCLUSIONS AND CONDITIONS OF SUCH PO	LICIES	S. LIMI	IITS SHOWN MAY HAVE BEEN	REDUC	ED BY PAID CL	LAIMS.		TOTAL CONTRACTOR OF			
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE				
	CLAIMS-MADE CCCUR PD Ded: \$500 (Contracting Ops)						. !	DAMAGE TO RENTED PREMISES (Ea occurr		300,0		
							1	MED EXP (Any one person)		10,00	00	
Α	PD Ded: \$5,000 (Fertilizer Ops)			ABP 3103236		09/24/2022	09/24/2023	PERSONAL & ADV IN	JURY \$	1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	ı /						GENERAL AGGREGA	CENTERIORIE		2,000,000	
	POLICY X PRO-	ı !					i !	PRODUCTS - COMP/OP AGG \$ 2,000,				
	OTHER:	<u> </u>						Agri Chemicals Applicator \$ 1,00				
	AUTOMOBILE LIABILITY	ı !						(Ea accident)	3	1,000),000	
^	ANY AUTO OWNED SCHEDULED			ABB 0400000		20/04/0000	30/04/0000	BODILY INJURY (Per p				
Α	AUTOS ONLY AUTOS NON-OWNED	ı !		ABP 3103236		09/24/2022	09/24/2023	TO SERVICE STATE OF THE PROPERTY OF THE PROPERTY OF	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY	ı !		Í				PROPERTY DAMAGE (Per accident)		_		
	➤ UMBRELLA LIAB ➤ OCCUP	\vdash				Sanger View Transport			\$	2 200		
Α	EVCESSIAN			ABP 3103236		09/24/2022	20/24/2022	EACH OCCURRENCE		6,000	157/	
^	CLAIWS-WADE	ı J		ABF 3 103230		0912412022	09/24/2023	AGGREGATE	\$	6,000	7,000	
	DED RETENTION \$ WORKERS COMPENSATION	\vdash						PER	\$ OTH-			
	AND EMPLOYERS' LIABILITY Y / N							➤ PER STATUTE	OTH- ER	1,000	2.000	
В	OF FIGURE WILLIAM ENGLODED:	N/A		10000442505		09/24/2022	09/24/2023	L.L. LAGITACCIDENT				
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	i 1						E.L. DISEASE - EA EM		1,000		
	10 M	\Box	\vdash					E.L. DISEASE - POLIC Motor Truck Cargo			00,000	
Α	Inland Marine Coverages	ı J		ABP 3103236		09/24/2022	09/24/2023	Equip Rented/Leas		\$860,	5):	
	1	,)						Tarie in an in		*****	1000	
DESC	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
		2500 Basin			100000000000000000000000000000000000000		DECORPORATION OF White the control of the control o	\Box				
								O T				
50 CO												
										(2)		
CEF	RTIFICATE HOLDER			CANC	ELLATION							
							15	<u></u>	در			
-						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	Dodge County			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO ACCORDANCE WITH THE POLICY PROVISIONS.								
	435 N Park											
	400 IV I dik											

RIBAN

Fremont

NE 68025