| Agenda | Item # | 20a |
|--------|--------|-----|
| Date   | 5/17/2 | 3   |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2023

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

| uns ceruncate does not come                         | er rights to the certificate holder in field of s |                                                   |                         |          |
|-----------------------------------------------------|---------------------------------------------------|---------------------------------------------------|-------------------------|----------|
| PRODUCER                                            | 10 110                                            | CONTACT<br>NAME: AJG Service Team                 | 2 2                     |          |
| Arthur J. Gallagher Risk Mana<br>300 Madison Avenue | agement Services, LLC                             | PHONE<br>(A/C, No, Ext); 212-994-7100             | FAX<br>(A/C, No); 212-9 | 994-7047 |
| 28th Floor                                          |                                                   | E-MAIL<br>ADDRESS: GGB.WSPUS.CERTREQUESTS@AJG.COM |                         |          |
| New York NY 10017                                   | // >                                              | INSURER(S) AFFORDING COVER                        | AGE                     | NAIC#    |
| · · · · · · · · · · · · · · · · · · ·               | X/                                                | INSURER A: Zurich American Insurance Com          | pany                    | 16535    |
| WSP USA Inc.                                        | WSPGLOB-01                                        | INSURER B: Liberty Insurance Corporation          | ***                     | 42404    |
| One Penn Plaza                                      |                                                   | INSURER c : American Guarantee and Liability      | y Ins Co                | 26247    |
| New York, NY 10119                                  |                                                   | INSURER D : AXIS Surplus Insurance Compar         | ny .                    | 26620    |
|                                                     |                                                   | INSURER E:                                        | 7                       |          |
|                                                     | (8)                                               | INSURER F:                                        |                         |          |
| COVERAGES                                           | CERTIFICATE NUMBER: 365259081                     | REVISION                                          | I 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.

| LTR  |       | TYPE OF INSURANCE                                 | INSD | WVD | POLICY NUMBER                            | POLICY EFF<br>(MM/DD/YYYY) | (MM/DD/YYYY)         | . LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 'S           |
|------|-------|---------------------------------------------------|------|-----|------------------------------------------|----------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Α    | X     | COMMERCIAL GENERAL LIABILITY                      | Y    | Υ   | GLO 9835819-10                           | 5/1/2023                   | 5/1/2024             | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$3,500,000  |
|      |       | CLAIMS-MADE X OCCUR                               |      |     | 6                                        |                            |                      | DAMAGE TO RENTED PREMISES (Ea occurrence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$3,500,000  |
|      |       |                                                   |      |     | : v                                      | 10. 2                      |                      | MED EXP (Any one person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 10,000    |
|      |       |                                                   |      | =   | 53                                       | 4                          |                      | PERSONAL & ADV INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$3,500,000  |
| 3585 | -     | N'L AGGREGATE LIMIT APPLIES PER:                  |      |     | 766                                      | 12                         |                      | GENERAL AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$7,000,000  |
|      | X.    | POLICY PRO- LOC                                   |      |     |                                          |                            |                      | PRODUCTS - COMP/OP AGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$4,000,000  |
|      |       | OTHER:                                            |      |     | w w                                      |                            |                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$           |
| B    |       | TOMOBILE LIABILITY                                | Υ -  | Y   | AS7-621-094060-033<br>P-001-001008908-02 | 5/1/2023<br>5/1/2023       | 5/1/2024             | COMBINED SINGLE LIMIT<br>(Ea accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ 5,000,000 |
| 8    | X     | ANY AUTO                                          |      |     | P-001-001006908-02                       | 5/1/2023                   | 5/1/2024             | BODILY INJURY (Per person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$           |
|      |       | OWNED SCHEDULED AUTOS                             |      |     | (M) (2)                                  |                            |                      | BODILY INJURY (Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ .         |
| 2    | 9. 35 | HIRED NON-OWNED AUTOS ONLY                        | - 20 |     | * ass                                    | ω.                         |                      | PROPERTY DAMAGE<br>(Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ .         |
|      |       |                                                   |      |     |                                          |                            |                      | XS COMB, SINGLE LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$ 5,000,000 |
| С    | X     | UMBRELLA LIAB X OCCUR                             | Y    | Υ   | AUC 00144386-07                          | 5/1/2023                   | 5/1/2024             | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$7,500,000  |
|      |       | EXCESS LIAB CLAIMS-MADE                           |      | -   |                                          | 8                          |                      | AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$7,500,000  |
|      |       | DED X RETENTION\$ 250,000                         |      |     |                                          | 95                         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$           |
| В    |       | RKERS COMPENSATION EMPLOYERS' LIABILITY           |      | Υ   | WA7-62D-094060-013<br>WA7-62D-095609-073 | 5/1/2023<br>5/1/2023       | 5/1/2024<br>5/1/2024 | X PER OTH-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
| . В  | ANY   | PROPRIETOR/PARTNER/EXECUTIVE N                    | N/A  |     | WC7-621-094060-913                       | 5/1/2023                   | 5/1/2024             | E.L. EACH ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$2,000,000  |
|      | (Mar  | ndatory in NH)                                    |      |     |                                          | 9                          |                      | E.L. DISEASE - EA EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$2,000,000  |
|      | DES   | s, describe under<br>CRIPTION OF OPERATIONS below |      | 9   |                                          | -                          |                      | E.L. DISEASE - POLICY LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2,000,000  |
|      |       | ***                                               |      |     |                                          |                            | 4                    | (2) · (2) · (2) · (2) · (3) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · (4) · | 153          |
|      |       | 2                                                 |      |     | **************************************   | .01                        |                      | \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10005-       |
|      |       |                                                   | 28   |     |                                          |                            | ii.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |

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

THIRTY (30) DAYS NOTICE OF CANCELLATION.

(PB # 185001A); HOOPER NORTH; CLIENT PROJECT #BR-3495 (3). DODGE COUNTY, NEBRASKA ARE ADDITIONAL INSURED AS RESPECTS TO GENERAL, UMBRELLA AND AUTO LIABILITY PERTAINING TO PARSONS BRINCKERHOFF, INC OPERATIONS, THESE COVERAGES ARE PRIMARY

| AS REQUIRED BY WRITTEN CONTRACT. ADDITIONAL INSURED'S COVERAGE IS E  |                               |            |                |
|----------------------------------------------------------------------|-------------------------------|------------|----------------|
| AND ON THE AUTO LIABILITY AS RESPECTS USE OF VEHICLES OWNED BY PARSO | ONS BRINCKERHOFF, INC. WAIVER | R OF SUBRO | GATION APPLIES |
| WHERE ALLOWED BY STATE LAW AND AS REQUIRED BY WRITTEN CONTRACT.      |                               |            | ্ত             |
|                                                                      | (c) (c)                       | · ·        | 9              |

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CANCELLATION

DODGE COUNTY, NEBRASKA COURTHOUSE - 435 N. PARK - ROOM 204 FREMONT NE 68025-4977

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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