**MMUNSTERMAN** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/26/2023

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.

this	certificate does not confer rights t	to the	cert	terms and conditions of ificate holder in lieu of s	uch end	dorsement(s	s).		nt. As	tatement on	
PRODUCER Maguire Agency 1970 Oakcrest Avenue, Suite 300						CONTACT Melissa Munsterman					
						PHONE (A/C, No, Ext): (651) 635-2764 FAX (A/C, No): (651) 638-9762					
Rosev	ville, MN 55113		<		E-MAIL ADDRE	<sub>SS:</sub> mmuns	terman@m	aguireagency.com		£350	
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Nova Casualty Company				42552	
INSURED					INSURE	RB:		Agenda Item #	ł	22 0	
	Scrib's House Moving, Inc. P.O. Box 2				INSURE	RC:		Date (a//	1/2		
	David City, NE 68632			•	INSURE	RD:		9//	4/00		
					INSURE	RE:					
001/5	-04050				INSURE	RF:	- 8				
				NUMBER:				REVISION NUMBER:			
CER	S IS TO CERTIFY THAT THE POLICII CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PER.	KEMI TAIN	NI, IERM OR CONDITIC THE INSURANCE AFFOR	ON OF A	NY CONTRA	CT OR OTHE	R DOCUMENT WITH RESP	ECT TO	MALICH THE	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			rs		
A X	COMMERCIAL GENERAL LIABILITY					1-111 (1)	TANINI POLITICAL	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			MSMML10000123		6/1/2023	6/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
				And the second s	l			MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
G	EN'L AGGREGATE LIMIT APPLIES PER:		a)					GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG		2,000,000	
	OTHER:							THOSOTO GOMITOL AGG	\$		
A	UTOMOBILE LIABILITY			MSMML10000123			6/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X						6/1/2023		BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
					1			T. S. Bashashiy	\$		
A X	UMBRELLA LIAB X OCCUR					6/1/2023	6/1/2024	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			MSMXS10000023	1			AGGREGATE	\$		
	DED X RETENTION \$ 10,000								\$	1,000,000	
W.C	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY						PER OTH- STATUTE ER				
AN	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$			
	andatory in NH) res, describe under					92		E.L. DISEASE - EA EMPLOYEE	\$		
DÉ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Ca	argo			MSMML10000123		6/1/2023	6/1/2024	ACV (\$5,000 Ded.)		125,000	
								V-, J	્		
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedu	ile, may be	attached if more	e space is requi	red)	3		
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CERTIFICATE HOLDER						ELLATION		112			
					01101			ri			
Deden County III						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Dodge County Highway Dept 435 North Park, Rm 204					ACCC	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fremont, NE 68025											
F					AUTHOR	AUTHORIZED REPRESENTATIVE					
					We	ML					
CODI	D 25 (2016/03)				10	JU 0 1 1 1					
11.11	2 Z5 (ZUTB/U3)					@ 400	O DOAF AC	ADD CODDODATION A		U/S 5/5 5	