Agenda Item #

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2022

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 d	onfer rights to the certificate ho	lder in lieu of suc	n endorsement(s).	
PRODUCER			CONTACT Vickie Roth	
UNICO Group			PHONE (A/C, No, Ext): (402) 434-7200 FAX (A/C, No): (402) 434-7200	34-7272
1128 Lincoln Mall			E-MAIL ADDRESS: vroth@unicogroup.com	
Suite 200			INSURER(S) AFFORDING COVERAGE	NAIC#
Lincoln	`O.	NE 68508	INSURER A: United Fire & Casualty	13021
INSURED	~ ,		INSURER B:	
Dolezal Sand 8	Gravel		INSURER C:	
1011 W 7th St			INSURER D:	
PO Box 523			INSURER E:	
North Bend		NE 68649	INSURER F:	
COVERAGES	CERTIFICATE NUMBE	:R: 23/24 Lines	REVISION NUMBER:	
THIS IS TO CERTIEV THAT TH	JE DOLLOIES OF INICIDANICE LISTED	DELOWING DEEK	LIGGLIED TO THE INCLIDED NAMED ABOVE FOR THE DOLLOY DEDIOD	

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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EX (MM/DD/YYYY) (MM/DD/YY		LIMIT	'S		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000		
Α				60397247	10/28/2022	10/28/2023	PERSONAL & ADV INJURY	\$ 1,000,000		
							GENERALAGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:			291				\$		
	AUTOMOBILE LIABILITY				10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	ANY AUTO OWNED SCHEDULED			60397247			BODILY INJURY (Per person)	\$		
Α	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY						(Per accident) Underinsured motorist BI	\$ 1,000,000		
	➤ UMBRELLA LIAB ➤ OCCUP						onigio mint	\$ 1,000,000 \$ 2,000,000		
Α	EXCESS LIAB CLAIMS-MADE			60397247	10/28/2022	10/28/2023	EACH OCCURRENCE	0.000.000		
А			00397247	00337247	10/20/2022		AGGREGATE	\$		
	DED RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				10/28/2022	10/28/2023	➤ PER OTH- STATUTE ER	\$		
								£ 500,000		
Α				60397247			E.L. EACH ACCIDENT	FOO 000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000 \$ 500,000		
	DESCRIPTION OF OPERATIONS BEIOW				-		E.L. DISEASE - POLICY LIMIT Per Conveyance/\$15,000	Deduct/500		
Α	Inland Marine (C)			60397247	10/28/2022	10/28/2023	,			
50.5										
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule, may be a	I attached if more s	pace is required)	- 3			
DESCRIPTION OF OPERATIONS / ECONTIONS / VEHICLES (ACOND 101, Additional Nemialias soliculais, may be attached it more space is required)										
CEF	TIFICATE HOLDER			CANC	CELLATION		Faces	(0)		
							F.,	6.5		
							SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER			

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NE 68025

Fremont

Dodge County Road Department 435 N Park Courthouse

LPABIAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/19/2023

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 th	SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of	the pol	licy, certain r	olicies may		. As	tatement on		
PRODUCER License # 100186630					CONTACT Liesel Pabian							
Suhr & Lichty Insurance Agency, Inc. 145 N 5th St Seward, NE 68434-2146					PHONE (A/C, No, Ext): (402) 643-2911 FAX (A/C, No): (402) 643-4345 E-MAREss: lpabian@suhrlichty.com							
		V			7,25,1	NAIC#						
Co						insurer(s) affording coverage insurer a : Employers Mutual Casualty Company						
INSU	RED			US,	INSURE							
	Elkhorn Township				INSURE							
	PO Box 923			*	INSURE							
	Fremont, NE 68026				INSURE							
					INSURE							
242.70.7				NUMBER:		National American Services	The second secon	REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMITAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			6D50195		9/13/2022	9/13/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
۸	OTHER: General Aggregate						1/	COMBINED SINGLE LIMIT	\$	1,000,000		
Α	AUTOMOBILE LIABILITY			CETOAOE		014010000	014010000	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO OWNED X SCHEDULED AUTOS ONLY			6E50195		9/13/2022	9/13/2023	BODILY INJURY (Per person)	\$			
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					*		(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							NOOKEONIE	\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6H50195		9/13/2022	9/13/2023	X PER STATUTE OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	100,000		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000		
								÷				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red) 5 🚉				
								<i>4</i> .				
								t				
								`aiii つ				
								11.5				
CE	RTIFICATE HOLDER			***************************************	CANC	ELLATION						
Dodge County Highway Dept. 435 N Park, Room 204 Fremont, NE 68025						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE NCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Terrorization (Auto Auto III) Tomospielitikisti					AUTHORIZED REPRESENTATIVE						
	ÿ				Mark a Suhr							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2023

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 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).

	OCEN					Karleen M	leyer					
Swanson Insurance and Real Estate						NAME: PHONE (402) 664-3500				FAX (402) 664-3415		
505 Main Street					(A/C, No, Ext): (A/C, No):							
P.O. Box 408						:						
Scr	ibner NE 68057-	-040	8		ADDRESS	INS	URER(S) AFFORD	ING COVERAGE		4	NAIC#	
				CO	INSURERA: EMC Insurance Companies					. 1		
INSU	RED				INSURER	В:				7.3		
Eve	land Supply Co., Inc.			المسيان	INSURER	c ·				7		
710	County Road 14				INSCREIN	·.				1.2		
					INSURER	D;						
Scr	ibner NE 68057				INSURER	E.				or and		
					MOUNTAL.					- (3)		
					INSURER F:				***	Nacrost:		
	ICE VICE											
				JMBER:CL16523002				REVISION NUM				
	IS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR											
C	ERTIFICATE MAY BE ISSUED OR MAY PERTA	IN, TH	IE INS	SURANCE AFFORDED BY	THE PO	ICIES DESCR	IBED HEREIN					
INSR	KCLUSIONS AND CONDITIONS OF SUCH POL TYPE OF INSURANCE		. LIMI SUBR		EEN RED	UCED BY PAID POLICY EFF	CLAIMS. POLICY EXP		1 11417			
LTR	TIPE OF INSURANCE	INSD		POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	5		
А	X COMMERCIAL GENERAL LIABILITY			8X6 16 83		5/15/2023	5/15/2024	EACH OCCURRENC	E	\$	1,000,000	
	CLAIMS- X MADEOCCUR							DAMAGE TO RENT PREMISES (Ea occur		\$	300,000	
								MED EXP (Any one p	erson)	\$		
	GREGATE LIMIT APPLIES PER: PRO- JECT LOC							PERSONAL & ADV IN	JURY	\$		
	GE IER:							GENERAL AGGREG	GATE	\$	2,000,000	
	x						PRODUCTS - COM	P/OP AGG	\$	2,000,000		
										\$		
	POLICY AUTOMOBILE LIABILITY											
A	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	x ALL OWNED AUTOS x SCHEDULED							BODILY INJURY (Per	accident)	\$		
	HIRED AUTOS AUTOS NON-OWNED			8X6 16 83		05/15/2023	05/15/2024	Transfer and the second		11.30		
	x AUTOS							PROPERTY DAMAG	GE	\$		
								700 R		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$			
	DED RETENTION \$									\$		
A	WORKERS COMPENSATION			8X6 16 83		05/15/2023	05/15/2024	x PER	OTHER			
- 200	AND EMPLOYERS' LIABILITY Y / N	- N/A					,,	STATUTE				
								E.L. EACH ACCIDEN	Г	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE											
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH))							
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		\$	1,000,000	
	SEGGRIF HON OF CELEVITIONS BEIOW					1	Į	LIVII LOTEE				