DATE (MM/DD/YYYY)

06/15/2023

CERTIFICATE OF PROPERTY INSURANCE

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. CONTACT Larry Pelan PRODUCER FAX (AC, No): (402) 742-9230 NIRMA PHONE (402) 742-9220
[A/C, No, Ext):

E-MAIL larry@nirma.info 8040 Eiger Drive 11

	P.O. Box 85210	_ // >	ADDRESS: TALL PRODUCER CUSTOMER ID:	.yeniima.inio			600		
	Lincoln, NE 6851	6		INSURER(S) AFFORI					NAIC#
NSUR	Dodge County		INSURER A: NE	Intergovernm	ent	al Risk Mo	mt. A	Assn.	53750
			INSURER B:						
	435 N Park		INSURER C:						
	Fremont, NE 6802	5	INSURER D :						
			INSURER E ;						
			INSURER F:						1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COV	ERAGES	CERTIFICATE NUMBER:			REV	ISION NUMBE	R:		
OCAT	ION OF PREMISES / DESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remarks	Schedule, if more space	is required)					
		Calabarries at the control of the co							
	021 Cat M320F, serial no. FB20								
ater	pillar Financial Services Corpor	ation is considered a loss payee with	respects to speci-	fied equipment fo	r th	e duration of t	he		
nsure	ed's legal interest in the prope	rty							
IND	ICATED NOTWITHSTANDING AN	LICIES OF INSURANCE LISTED BELOW IY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFO	N OF ANY CONTR	RACT OR OTHER D	oci	JMENT WITH R	ESPEC	11 10 V	WHICH THIS
EXC	CLUSIONS AND CONDITIONS OF SU	ICH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS.					
NSR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	9	COVERED PROPER	TY		LIMITS
	PROPERTY					BUILDING		\$	
-	Teneding company and a second			1	11				

INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
		PROPERTY						BUILDING	\$
1	CA	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$
		SPECIAL						RENTAL VALUE	\$
1		EARTHQUAKE		1				BLANKET BUILDING	s
	12 1	WIND		1 .	İ			BLANKET PERS PROP	s
		FLOOD		1				BLANKET BLDG & PP	\$
				1					s
									\$
A	X	INLAND MARINE		TYPE OF POLICY	7/1/2023	7/1/2024	X	Per Schedule	
	CAL	ISES OF LOSS					X	Deductible	_{\$} 1,000
		NAMED PERILS		POLICY NUMBER					\$
				NP-2324-5				,	\$
		CRIME							\$
	TYF	E OF POLICY							\$
									\$ 83
		BOILER & MACH						9	\$ 🛱
		EQUIPMENT BR	EAKDOWN					[17]	\$ (
								19.5	\$ =
								5.41	\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Caterpillar Financial Services Corporation Attn: Zach Fisher	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2120 West End Avenue Nashville, TN 37203	AUTHORIZED REPRESENTATIVE

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ACORD



DATE (MM/DD/YYYY)

06/15/2023

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REP	RES	SENTATIVE (OR PRODUCE	R, AND THE CERTIFICATE HOLDER	ξ.							
RODUC	ER	NIRMA			CONTACT Larr	y Pelan	FAX	140017	42-0220			
			iger Drive		[AUG, NO, EXI).	02) 742-9220		(402) /	42-9230			
			эх 85210		ADDRESS: larr	y@nirma.info						
			n, NE 6851	6	PRODUCER CUSTOMER ID:				NAIC#			
					INCHES A . NE	INSURER(S) AFFOR	mental Risk Mgmt.	asn.	53750			
SUREC)	Dodge (County			Incerdoverin	lencar Krak righter	-	00100			
				701	INSURER B:							
		435 N		_	INSURER C:							
		Fremon	t, NE 6802	5	INSURER D ;							
					INSURER E :							
					INSURER F:		REVISION NUMBER:					
		GES	CODIDTION OF DR	CERTIFICATE NUMBER: OPERTY (Attach ACORD 101, Additional Remark	ks Schedule, if more space	The second secon	REVISION NUMBER.					
						•						
: 202	21 (Caterpillar 15	60-15AWD Mo	tor Grader, serial no. EB500479, va ation is considered a loss payee wi	ilue \$494,575 th respects to specif	ied equipment fo	or the duration of the					
			t in the prope		til respects to specif	rea equipment re						
				HOLES OF INCHESTALOR LICTED DELCT	N HAVE BEEN ISSUE	D TO THE INSURE	D NAMED ABOVE FOR T	HE POLI	CY PERIOD			
INDIC	CATI	ED. NOTWIT	HSTANDING AN	LICIES OF INSURANCE LISTED BELOV IY REQUIREMENT, TERM OR CONDIT MAY PERTAIN, THE INSURANCE AFF IÇH POLICIES, LIMITS SHOWN MAY HAV	ORDED BY THE POI	LICIES DESCRIBED						
R		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS			
	F	PROPERTY					BUILDING	\$				
C		SES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$				
	T	BASIC	BUILDING				BUSINESS INCOME	\$				
-							EXTRA EXPENSE	\$				
-	-	BROAD	CONTENTS				RENTAL VALUE	\$				
-		SPECIAL		_		10	BLANKET BUILDING	\$				
	-	ARTHQUAKE		-			BLANKET PERS PROP	\$				
\perp	-	VIND		4			BLANKET BLDG & PP	s				
	F	LOOD		-				s				
L				1				3				
-	1				7/1/2023	7/1/2024	XPer Schedule	.5 31	8,832			
2	_)	INLAND MARINE		TYPE OF POLICY	1/1/2025	1/1/2024	Deductible	\$1,00				
C	AUS	SES OF LOSS					Deddocapac					
L	_ 1	NAMED PERILS		POLICY NUMBER				\$ 2				
				NP-2324-5				1.47				
	•	CRIME					(final)	\$ 5.00				
Т	YPE	OF POLICY					11 -	\$				
							4771	\$				
		BOILER & MACH					507 V.	\$ ct				
T		EQUIPMENT BRE	EAKDOWN				15. 11	s				
\top							15. I	\$				
								s =				
PECIA	LCC	ONDITIONS / OTH	IER COVERAGES (ACORD 101, Additional Remarks Schedule, may	be attached if more space i	s required)	(1) (2) (3) (4)	3				
CERTIFICATE HOLDER					CANCELLAT	ION						
Caterpillar Financial Services Corporation Attn: Zach Fisher					THE EXPIRA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2120 West End Avenue				e	AUTHORIZED REPRESENTATIVE							
			le, TN 37203			AUTHORIZED REPRESENTATIVE Pour Park						



DATE (MM/DD/YYYY)

06/15/2023

TIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

BF	I OV	V. THIS CER	RTIFICATE OF	MATIVELY OR NEGATIVELY AMEND INSURANCE DOES NOT CONSTIT R, AND THE CERTIFICATE HOLDER.	, EXTEND OR . UTE A CONTRA	ALTER THE COV CT BETWEEN TH	ERAGE AFFORDED BY HE ISSUING INSURER(S	THE S), AU1	POLICIES
RODU			JK I KODOGLI	CAND THE GERTIN TOATE TO THE	CONTACT Lari	y Pelan			
		NIRMA			PHONE (4	02) 742-9220	FAX (A/C, No): (402)7	42-9230
			iger Drive		E-MAIL larr	y@nirma.info			
		P.O. Bo	эх 85210	4 7	PRODUCER	CARCO SERVICE CONTRACTOR CONTRACT			
		Lincoln	n, NE 6851	6	CUSTOMER ID:	INSURER(S) AFFOR			NAIC#
SUR	ED	Dodge (County		INSURER A: NE	Intergovernm	ental Risk Mgmt.A	ssn.	53750
		_	-	\O \	INSURER B :				
		435 N	Dark		INSURER C :				
			t, NE 6802	5	INSURER D :				
			o,		INSURER E :				
					INSURER F:				
OV	FR	AGES		CERTIFICATE NUMBER:			REVISION NUMBER:		
E: 2 atei	022 rpill e In	Caterpillar 14 ar Financial Se sured's legal i	40-15AWD Mo ervices Corpora nterest in the	MICH OF INCLIDANCE LICTED DELOW L	e \$228,840 respects to speci	fied equipment fo	D NAMED ABOVE FOR TH	HE POL	ICY PERIOD
INC	DICA	TED. NOTWIT	HSTANDING AN	LICIES OF INSURANCE LISTED BELOW! IY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOR CH POLICIES. LIMITS SHOWN MAY HAVE B	N OF ANY CONTR RDED BY THE PO JEEN REDUCED BY	LICIES DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO		
ISR TR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
IN		PROPERTY					BUILDING	\$	
ŀ	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$	
ł	Uni		BUILDING	1			BUSINESS INCOME	s	
-	_	BASIC	-				EXTRA EXPENSE	\$	
-		BROAD	CONTENTS]			RENTAL VALUE	s	
		SPECIAL		4			BLANKET BUILDING	\$	
		EARTHQUAKE		_			BLANKET PERS PROP		
		WIND						\$	
		FLOOD			<u>#</u>]		BLANKET BLDG & PP	\$	
								\$	
	5 16							\$	20 100
	X	INLAND MARINE		TYPE OF POLICY	7/1/2023	7/1/2024	Per Schedule		39,102
	CAL	JSES OF LOSS					Deductible	\$1,0	00
		NAMED PERILS		POLICY NUMBER				\$	
				NP-2324-5				\$	
-		CRIME					<u> </u>	\$ [)
	TVI	E OF POLICY					(0)	\$	3
		L OI T OLIOT					1:0- 1:11	\$ 6	·
	-	BOILER & MACH	RNERY /		1)		j:)	s C	= =
	-	EQUIPMENT BRI						s	
-	-						N	5 0	1
								5 _	
		COURTE	IED 001/ED: 252 :	ACORD 101, Additional Remarks Schodule, may be	attached if more space	is required)	9.3 t		5
PE	GIAL.	CONDITIONS / OTF	HER COVERAGES (A	ACORD 101, Additional Remarks Suited by The		,	250° 60 600	0.01	5 3
CE	RTI	FICATE HOLI	DER		CANCELLA	TION			
	Caterpillar Financial Services Corporation Attn: Kelly Cook				THE EXPIRA		ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVE BY PROVISIONS.		
			est End Avenu	e	AUTHORIZED REPRESENTATIVE				

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Nashville, TN 37203



DATE (MM/DD/YYYY) 06/15/2023

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CI	RTI	FICATE DOES N. THIS CEI	S NOT AFFIRM RTIFICATE OF	S A MATTER OF INFORMATION ONL MATIVELY OR NEGATIVELY AMEND INSURANCE DOES NOT CONSTITU R, AND THE CERTIFICATE HOLDER.	JTE A CONTRA	CT BETWEEN T				
PROD					CONTACT Lari	ry Pelan				
			iger Drive		IAC. NO. EXTI:	102) 742-9220		(A/C, No):	(402)	742-9230
			ож 85210		E-MAIL ADDRESS: larr	y@nirma.info)			ĺ
		A S	* 1		PRODUCER CUSTOMER ID:					
		Trucor	n, NE 6851	9	posterior de la constantina della constantina de	INSURER(S) AFFOR			laan I	53750
INSU	RED	Dodge	County	V _		Intergoverin	ien	tal Risk Mgmt.F	15511.	33730
					INSURER B:					
		435 N			INSURER C:		-			
		Fremon	t, NE 6802	5	INSURER D :					
				/	INSURER E:					
				THE AUTHORS	INSURER F:		DEV	/ISION NUMBER:		
		AGES	TARRIET OF FR	CERTIFICATE NUMBER: DPERTY (Attach ACORD 101, Additional Remarks S	chadula if mare space	And the second s	KEY	VISION NOMBER.		
LOC	ATION	OF PREMISES / DI	ESCRIPTION OF PRO	SPERTY (Attach ACORD 101, Additional Remarks S	citedula, il titore space	is required/				
RE:	2021	Caterpillar 3	20 serial no. M	YK11326, value \$332,426 and 2021 Ca	terpillar 533087	8-WT-HEX thumb	sei	rial no. THC10915		
Arvi	st B	ank ISAOA/A	TIMA is conside	ered a loss payee with respects to spe	cified equipmen	t for the duration	of	the Insured's legal		
		in the proper		.,						
	110 1	O TO CEDIEV	TUAT TUE DOL	ICIES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUE	D TO THE INSURE	D M	NAMED ABOVE FOR T	HE POL	ICY PERIOD
IV.	DICA	TED, NOTWIT	'HSTANDING AN	IN REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOR CH POLICIES, LIMITS SHOWN MAY HAVE B	DED BY THE PO	LICIES DESCRIBED				
INSR		TYPE OF INS	WAA MAARKARA	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS
LTR		PROPERTY						BUILDING	s	
	CA	USES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	s	
ĺ	UA		BUILDING	-				BUSINESS INCOME	s	
1		BASIC					-	EXTRA EXPENSE	\$	
		BROAD	CONTENTS					RENTAL VALUE	\$	
1		SPECIAL		-			-	BLANKET BUILDING		
1		EARTHQUAKE					-	BLANKET PERS PROP	\$	
		WIND		1			-	The second state of the second	\$	
Ī		FLOOD		1			-	BLANKET BLDG & PP	\$	
							-	1	\$	
					T /1 /0000	7/1/2024		Per Schedule	\$	91,700
A	-	INLAND MARINE		TYPE OF POLICY	7/1/2023	1/1/2024	\Diamond	Deductible	\$1,0	
1	CA	USES OF LOSS					\triangle	beduccible	\$ 1,0	00
ł		NAMED PERILS		POLICY NUMBER				1	\$	
				NP-2324-5			_	a.am	\$	
		CRIME					_	5	\$	3
	TY	PE OF POLICY						₩	\$ 2	2
							_	6.1	\$	
		BOILER & MACH						< > 2 = 4	\$	
		LEQUIPMENT BR	EARDOWN					2 (s	···
									\$	1
1								<u> </u>	\$ =	-tr
SPI	CIAL	CONDITIONS / OTH	HER COVERAGES (A	ACORD 101, Additional Remarks Schedule, may be a	ttached if more space	is required)		**************************************		
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					0.110=11	TION	_			
CE	RTI	FICATE HOLI	DER		CANCELLA	HON	-			
					SHOULD AN	Y OF THE ABOVE D	ESC	RIBED POLICIES BE CA	NCELLI	ED BEFORE
					THE EXPIRA	TION DATE THERE	OF, N	NOTICE WILL BE DELIVE		
1		Arvest I	Bank ISAOA/AT	IMA	ACCORDAN	CE WITH THE POLICE	Y P	ROVISIONS.		
1		P.O. Bo	x 1867							
		Kennes	aw, GA 30156		AUTHORIZED RE	PRESENTATIVE		Jones Sa	00	2
1					4		/	Janes Se	100	



DATE (MM/DD/YYYY)

06/15/2023

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RE	PRESENTATIVE	OR PRODUCE!	R, AND THE CERTIFICATE HOLDER	₹.					O 111111111111111111111111111111111111
	UCER NIRMA			NAME: Larr	y Pelan		LEAV	40015	740 0020
		iger Drive		PHONE (4	02) 742-9220		FAX (A/C, No):	(402)	42-9230
		ox 85210	4 /	ADDRESS: larr	y@nirma.info	Ġ.			
		n, NE 6851	6	PRODUCER CUSTOMER ID:			CONTRACT		NAIC#
_				Mended V. ME.	INSURER(S) AFFOR	DING	cal Risk Mgmt.A	Assn.	53750
NSUF	ED Dodge	County	· O ^		Incergovering		odi Milon Might		
			-101-	INSURER B:					
	435 N		-	INSURER C:					
	Fremon	t, NE 6802	5	INSURER D :					
				INSURER E:					
201	(EDACES		CERTIFICATE NUMBER:	INSURER F:		REV	ISION NUMBER:		
000	ERAGES	ESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remark	ks Schedule, if more space	is required)				
E: F	Rental # 0868667	4 - 2021 John D	eere 6195R Tractor, serial no. 1L06	5195REMT1239 7 5, v	alue \$285,817		192		
latt	e Valley Equipme	ent, LLC is consi	idered a loss payee with respects to	o specified equipme	nt for the duration	on o	f the Insured's		
ega	interest in the p	roperty					HUED ADOVE FOR T	UE 001	IOV DEDIOD
			LICIES OF INSURANCE LISTED BELOV Y REQUIREMENT, TERM OR CONDIT						
01	COTICIOATE MAY D	DE IGGLIED OD	MAY PERIAIN THE INSURANCE AFF	ORDED BY THE PU	LIGIES DESCRIBED	HE	REIN IS SUBJECT TO	ALL T	HE TERMS,
E) NSR	The state of the s		CH POLICIES. LIMITS SHOWN MAY HAVE	POLICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY		LIMITS
TR	TYPE OF IN	SURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)			- Hora	
	PROPERTY						BUILDING	\$	
	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
	BASIC	BUILDING					BUSINESS INCOME	\$	
	BROAD	CONTENTS	1				EXTRA EXPENSE	\$	
	SPECIAL						RENTAL VALUE	\$	
	EARTHQUAKE					_	BLANKET BUILDING	\$	
	WIND						BLANKET PERS PROP	\$	
	FLOOD					<u> </u>	BLANKET BLDG & PP	\$	
						_		\$	
						L	2111	\$	01 700
A	INLAND MARINE	.	TYPE OF POLICY	7/1/2023	7/1/2024	X	Per Schedule	\$0,0	91,700
	CAUSES OF LOSS					_		\$	
	NAMED PERILS		POLICY NUMBER			_	1	\$	
			NP-2324-5			ļ_		S	
	CRIME					-	1	\$	
	TYPE OF POLICY					_		\$	
16.0						_		\$	
	BOILER & MACI					_	5) 4	\$	
	EQUIPMENT BE	LANDOVIII				ـ	(7)	\$	
						-	0.7	\$	1
						1_	7-	\$	
SPE	CIAL CONDITIONS / OT	HER COVERAGES (ACORD 101, Additional Remarks Schedule, may	be attached if more space	is required)		拉	17 =	S
							- · · · · ·	Ę	5
							Garage		
							7.25	0	1
							Para		
-	DTIEICATE US	nen		CANCELLAT	TION				
GE	RTIFICATE HOL	DER		CANGELLA	iion _				
				\$HOULD AN	Y OF THE ABOVE D	ESC	RIBED POLICIES BE CA	NCELLI	D BEFORE
	Diate 1	Valley Earlings	ent IIC		TION DATE THERE		NOTICE WILL BE DELIVI ROVISIONS.	ERED IN	
		Valley Equipme ounty Road Q	iii, LLC	ACCORDAN	or with the rolle				
		ounty Road Q		AUTHORIZED RE	AUTHORIZED REPRESENTATIVE				

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Fremont, NE 68025



DATE (MM/DD/YYYY)

06/15/2023

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RE	PRE	SENTATIVE (OR PRODUCER	R, AND THE CERTIFICATE HOLDER.	1.0007107								
PROD	UCER	NIRMA			CONTACT Lari			EAV (400)	F.40. 0020				
			iger Drive		(A/C, No, EXT):	102) 742-9220		FAX (A/C, No): (402)	742-9230				
			ox 85210		ADDRESS: larr	y@nirma.info)		-				
				_	PRODUCER CUSTOMER ID:								
		PIUGOI	n, NE 68516			INSURER(\$) AFFOR		Nemt Agen	53750				
INSU	RED	Dodge (County	· C	INSURER A: NE	Intergovernm	mental Risk	Mgmc. Assn.	33730				
				0	INSURER B:								
		435 N	Park		INSURER C:								
		Fremon	t, NE 68025	5	INSURER D:								
					INSURER E:								
					INSURER F:								
		AGES		CERTIFICATE NUMBER:			REVISION NUM	BER:					
				PERTY (Attach ACORD 101, Additional Remark			- A 402 A DV2424	0 = = d					
RE:	2023	Caterpillar 25	59D3, serial no.	. CW923455 and CW923457 w/Cate	erpillar Bucket GP t	SUCE /2" serial no	0. A4ZZADRZISI	u anu send a lace	į				
Cate	erpilla	ar Bucket GP	BOCE 74" seria	l no. A421CSW20050, value \$64,95	5 and \$65,390. Arv	est Bank ISAUA//	ATTIVIA IS CONSIDE	ereu a 1055					
pay	ee wi	th respects to	specified equ	ipment for the duration of the Insu	red's legal interest	in the property.	ED MANED ADOVE	FOR THE DO	LICY PERIOD				
IN	DICA	TED. NOTWIT	HSTANDING AN	ICIES OF INSURANCE LISTED BELOW Y REQUIREMENT, TERM OR CONDITI MAY PERTAIN, THE INSURANCE AFFO CH POLICIES, LIMITS SHOWN MAY HAVE	ON OF ANY CONTR	LICIES DESCRIBED							
INSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION	COVERED PROP	ERTY	LIMITS				
<u> </u>		PROPERTY					BUILDING	\$					
	CAU	ISES OF LOSS	DEDUCTIBLES				PERSONAL PR	OPERTY \$					
1		BASIC	BUILDING				BUSINESS INC	OME \$					
	\vdash	BROAD					EXTRA EXPEN	SE \$					
	\vdash	SPECIAL	CONTENTS				RENTAL VALUE						
	-						BLANKET BUIL						
1	\vdash	EARTHQUAKE					BLANKET PER						
	-	WIND					BLANKET BLO	sava assar P	1				
1		FLOOD						-					
1							-	\$					
			1		7/1/2023	7/1/2024	XPer Sche	dule 5	994,683				
A	/ \	INLAND MARINE		TYPE OF POLICY	1/1/2023	//1/2021	Deductil	-					
	CAU	ISES OF LOSS					Poduosia	F					
	\vdash	NAMED PERILS		NP-2324-5				\$	1)				
		CRIME							~2				
ě	TYP	E OF POLICY						\$	77				
	1	2 0. 1 02.0.						s					
\vdash	\vdash	BOILER & MACH	INERY /					. \$					
	H	EQUIPMENT BRE	EAKDOWN				П	S	_				
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SDE	CIAL	CONDITIONS / OTH	IER COVERAGES (A	CORD 101, Additional Remarks Schedule, may b	e attached if more space	is required)		E- (
1 31.	OIAL C	oonbinond/on	in developed (,	CONTRACTOR IN THE SHE CONTRACTOR CONTRACTOR OF THE STREET, THE	ggger 11, 90000 * 933 1 110000,14. # 1		MEI.	5				
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1													
CF	RTIF	ICATE HOLD	DER		CANCELLA"	rion							
		Arvest E	Bank ISAOA/AT	IMA	THE EXPIRA	Y OF THE ABOVE D TION DATE THEREC CE WITH THE POLIC	OF, NOTICE WILL E						
		P.O. Box			AUTHORIZED RE	PRESENTATIVE							
		Kennesa	aw, GA 30156		No Horazo Ne		Joney	AUTHORIZED REPRESENTATIVE					



DATE (MM/DD/YYYY)

06/15/2023

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	ESENTATIVE	OR PRODUCE	R, AND THE CERTIFICATE HOLDER	LOOUTAGE						
RODUCE	R NIRMA			CONTACT NAME:	400) 740 0000	FAX	(402) 742-9230			
	8040 E	iger Drive		AU, NU, CAU.	402) 742-9220	[[200, 110].	(402) 142 5250			
	P.O. B	ож 85210		ADDRESS: Lari	cy@nirma.info	•				
	Lincol	n, NE 6851	6	CUSTOMER ID:	INSURER(S) AFFOR	DINC COVERACE	NAIC#			
VAUDED				(NSURER A : NE		mental Risk Mgmt.				
NSURED	Dodge	County		INSURER B:	ziioozgoiozii					
				INSURER C:						
	435 N		-							
	Fremon	t, NE 6802	5	INSURER D:						
				INSURER E :						
COVE	MACEE		CERTIFICATE NUMBER:	INSURER F:		REVISION NUMBER:				
	RAGES	ESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remark	s Schedule, if more spac		THE				
LP0680 Juratio THIS INDIC	RTCNC023068, n of the Insure IS TO CERTIFY ATED. NOTWIT	, total value \$2 ed's legal intered THAT THE PO THSTANDING AN	n Deere 6195M Cab Tractor, serial n 289,710. Platte Valley Equipment, L est in the property LICIES OF INSURANCE LISTED BELOW Y REQUIREMENT, TERM OR CONDIT MAY PERTAIN, THE INSURANCE AFF	LC is considered a / HAVE BEEN ISSUITION OF ANY CONTROPED BY THE PO	loss payee with re ED TO THE INSURE RACT OR OTHER I	espects to specified equi	pment for the			
NSR EXCL	USIONS AND CO TYPE OF INS	NDITIONS OF SL	POLICIES. LIMITS SHOWN MAY HAVE POLICY NUMBER	POLICY EFFECTIVE	PAID GLAINS.	COVERED PROPERTY	LIMITS			
LTR	PROPERTY					BUILDING	s			
C/	AUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	s			
-	BASIC	BUILDING				BUSINESS INCOME	\$			
-	BROAD		1			EXTRA EXPENSE	s			
-	SPECIAL	CONTENTS				RENTAL VALUE	\$			
-			-	į.		BLANKET BUILDING	\$			
-	EARTHQUAKE					BLANKET PERS PROP	5			
-	WIND					BLANKET BLDG & PP	\$			
	FLOOD						Factor			
			4				\$			
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_	INLAND MARINE		THE OF POLICE	17 =7 ====	,,	A	arosi .			
C/	AUSES OF LOSS		POLICY NUMBER	-			s			
-	NAMED PERILS		NP-2324-5			\vdash				
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_	CRIME						\$ 22			
T	PE OF POLICY					(A.	s Z3			
							\$ 5			
	BOILER & MACH			1		(2)	\$			
							\$ 01			
						\$6.13	\$ ==			
SPECIAL	. CONDITIONS / OT	HER COVERAGES (ACORD 101, Additional Remarks Schedule, may b	oo attached if more space	is required)	541 122 144	s			
	- 10 m			ONNOFILA	TION					
CERT		/alley Equipme ounty Road Q	nt, LLC	SHOULD AN THE EXPIRA ACCORDAN	CANCELLATION 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					
		t, NE 68025				Jones S.	elan			

ACORD

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/17/2023

DATE (MM/DD/YYYY) 6/15/2023

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	NIRMA	A			PHONE [A/C, No, Ext]: (402) 742-9220 FAX [A/C, No]: (402) 742-9230					
	8040 Eiger Drive	//	3	P)	MAIL larry	nirma.info)			
	P.O. Box 85210				1	NSURER(S) AFFOR	DING COVERAGE		NAIC#	
	Lincoln, NE 68516	V			NSURERA: NE IT	tergovernm	mental Risk Mgmt.	. assA	53750	
INSU	RED Dodge County			Opy	NSURER B:					
					NSURER C:					
	435 N Park				NSURER D:					
	Fremont, NE 68025			F	NSURER E:					
				F	INSURER F:					
COV	VERAGES CER	TIFIC	ATE	NUMBER:		5	REVISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH F	OF II QUIR PERTA OLIC	NSUF EMEN AIN, IES, L	NANCE LISTED BELOW HAVE NT, TERM OR CONDITION OF THE INSURANCE AFFORDE IMITS SHOWN MAY HAVE BE	D BY THE POLICEN REDUCED BY	IES DESCRIBED PAID CLAIMS.	JULUMENT WITH RESPEC	1 10 V	VIIIOII IIIO	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,00	0,000	
	CLAIMS-MADE OCCUR	\times		N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
						20	PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	- Control	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$		
								\$		
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO				į.		BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED	l					PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY				8		(Fer accident)	\$		
	- LUARDELLA LIAR		-			1	EACH OCCURRENCE	\$		
	UMBRELLA LIAB OCCUR						AGGREGATE	s		
	EXCESS LIAB CLAIMS-MADE	1	1				AGGREGATE	s		
	DED RETENTION \$	-	-			-	PER OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							\$	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT			
	(Mandatory In NH) If yes, describe under				1		E.L. DISEASE - EA EMPLOYEE	final control		
	DESCRIPTION OF OPERATIONS below	<u> </u>	-			1	E.L. DISEASE - POLICY LIMIT	\$		
							0	2023		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES IA	CORD	101. Additional Remarks Schedule.	may be attached if mo	re space is required	Ŭ₩ (2)			
							st			
RE:	2023 Caterpillar 259D3, serial no. CV	19234	155 a	nd CW923457 w/Caterpill	ar Bucket GP BO	CE 72" serial n	o. A422ABK21310 and	. 01		
Cat	erpillar Bucket GP BOCE 74" serial no	. A42	1CSV	N20050, value \$64,955 an	d \$65,390. Arves	st Bank ISAOA/	ATIMA is considered an			
	ditional insured with respects to liabil	ity co	vera	ge associated with specifi	ed equipment fo	or the duration	of the insured's			
leg	al interest in the property						201	5		
	DIFFO ATE UOLDED				CANCELLATIC)N	133	CO		
CE	ERTIFICATE HOLDER				JANOLLEANIC		r v			
	Arvest Bank ISAOA/ATIMA P.O. Box 1867				THE EXPIRAT	OF THE ABOVE TION DATE TH WITH THE POLIC	DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.	CANCELI BE DEI	LED BEFORE LIVERED IN	
	Kennesaw, GA 30156									
				3	AUTHORIZED REPR	ESENTATIVE	Jones Sa	e Co	2	
1	1									

Date Entered: 8/30/2022

DATE (MM/DD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

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PRODUCER	MIDIO		_		NAME: Larry	Pelan	- W - W		
	NIRMA		//	3	PHONE (A/C, No, Ext): (402)	742-9220	(A/C, No): (402)	742-9230
	8040 Eiger Drive	4	7		E-MAIL ADDRESS: larry@	nirma.info)		
	P.O. Box 85210		~			NSURER(S) AFFOR			NAIC#
	Lincoln, NE 68516				INSURERA: NE In	tergovern	mental Risk Mgmt.A	ssn.	53750
INSURED	Dodge County				INSURER B:				
					INSURER C:				
	435 N Park			*	INSURER D :				
	Fremont, NE 68025			F	INSURER E:				
				T T				-	
COVEDA	CES CEB	TIEIC	ATE	NUMBER:	INSURER F:		REVISION NUMBER:		
COVERA	TO CERTIFY THAT THE POLICIES				E REEN ISSUED T			E POL	ICY PERIOD
INDICAT	TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH F	QUIRI	EMEN AIN.	IT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY CONTRAC D BY THE POLICI	T OR OTHER DESCRIBED	OCCUMENT WITH RESPEC	1 10 1	VHICH THIS
INSR		ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS	8	
A X	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
<u> </u>				NT 0204 E	7/1/2023	7/1/2024	DAMAGE TO RENTED		
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	POLICY PRO- JECT LOC	i						\$	
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AUTO	OMOBILE LIABILITY						(Ea accident)	\$1,0	00,000
A X	ANY AUTO			N-2324-5	7/1/2023	7/1/2024	BODILY INJURY (Per person)	\$	
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	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
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\neg	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							\$	
	OEMINO IN IDE							\$	
	DED RETENTION \$ KERS COMPENSATION						PER OTH-		
AND	EMPLOYERS' LIABILITY Y / N							\$	
OFFIC	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		
If yes.	datory in NH) describe under								
	RIPTION OF OPERATIONS below		-	N-2324-5	7/1/2023	7/1/2024	E.L. DISEASE - POLICY LIMIT Per Claim	\$1.	000,000
	blic Officials E&O							4-1	
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	es (AC	ORD 1	01, Additional Remarks Schedule, I	may be attached if more	e space is required)	9 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2023 JUN 15 A	
CERTIF	ICATE HOLDER				CANCELLATIO	N	#) (.) -:	production of the last of the	
	7 11275.711						電影		
	University of Nebraska Cooperative Extension 211 Ag Hall					ON DATE TH	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
	Lincoln, NE 68583				AUTHORIZED REPRES	SENTATIVE	Tong Se	e Co	2

Date Entered: 7/14/2022

DATE (MM/DD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

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this certificate does not confer rights to the	he certific	cate holder in lieu of suc	h endorsement(s)	<u> </u>				
PRODUCER NIRMA			CONTACT Larry	Pelan	LEV			
		}	PHONE (A/C, No. Ext): (402) 742-9220 FAX (A/C, No.): (402) 742-9230					
8040 Eiger Drive	4 /		ADDRESS: larry@	nirma.info				
P.O. Box 85210			ll l	SURER(S) AFFOR	DING COVERAGE	NAIC#		
Lincoln, NE 68516		(0	INSURER A: NE In	tergovernm	mental Risk Mgmt.As	sn. 53750		
INSURED Dodge County			INSURER B:					
			INSURER C:					
435 N Park		*	INSURER D:					
Fremont, NE 68025			INSURER E :					
			INSURER F:					
COVERAGES CERTI	IFICATE	NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCRUSIONS AND CONDITIONS OF SUCH PO	UIREMEN ERTAIN. T	T, TERM OR CONDITION (HE INSURANCE AFFORDS	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY I	ES DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	IO MUICH IUIS		
	DDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A COMMERCIAL GENERAL LIABILITY	NOO! IVVD		1		C tot (C C C C C C C C C C C C C C C C C C	1,000,000		
CLAIMS-MADE OCCUR	\times	N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
CLAINIS-WADE OCCOR					MED EXP (Any one person) \$			
					PERSONAL & ADV INJURY \$			
OFFIL ACCRECATE LIMIT APPLIED DED.					GENERAL AGGREGATE \$	30.30		
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				1	\$			
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$			
ANY AUTO					(Ea accident) \$ BODILY INJURY (Per person) \$			
OWNED SCHEDULED					BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE			
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UMBRELLA LIAB OCCUR						-		
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	İ				DOLLAR DESCRIPTION OF THE PROPERTY OF THE PROP			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			17 17 40	E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD 1	01, Additional Remarks Schedule,	, may be attached if more	space is required)	And many			
						position.		
					-1-1	O		
RE: 2021 Caterpillar 320 serial no. MYK113	326. value	\$332.426 and 2021 Cat	erpillar 5330878-	WT-HEX thuml	serial no. THC10915	2000		
Arvest Bank ISAOA/ATIMA is considered a	n additio	nal insured with respect	s to liability cover	age associate	d with specified equipmen	t 🗵		
for the duration of the Insured's legal inter	rest in th	e property	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		41	<u></u>		
Total addition of the market of lagar mean		- p. tr t. t.				()		
CERTIFICATE HOLDER			CANCELLATIO	N	7.65	wand		
Arvest Bank ISAOA/ATIMA P.O. Box 1867 Kennesaw, GA 30156			THE EXPIRATI	ON DATE TH WITH THE POLIC	DESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE Y PROVISIONS.	NCELLED BEFORE E DELIVERED IN		
			AUTHORIZED REPRE	SENTATIVE	\Rightarrow	.0		
				9	Jones Sch	+or-		

Date Entered: 5/13/2022

DATE (MM/DD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

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th	is certificate does not confer rights to	the	certif	icate holder in lieu of suc	:h endorsement(s)	•				
_	DUCER				CONTACT Larry	Pelan				
	NIRMA				PHONE (A/C, No, Ext); (402)	742-9220		FAX (A/C, No): (4	02)7	42-9230
	8040 Eiger Drive	//		}	E-MAIL larry@	nirma.info)			
	P.O. Box 85210	4	/		l)	NSURER(S) AFFOR	DING COVERAGE			NAIC#
	Lincoln, NE 68516		\		INSURERA: NE In	tergovern	mental Risk	Mgmt.As	sn.	53750
INSU	RED Dodge County			()	INSURER B:					
	Z			P	INSURER C:					
	435 N Park				INSURER D:					
	Fremont, NE 68025				INSURER E:					
	*			S = 8 W	INSURER F:					
				NUMBER:			REVISION NUM			
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	QUIR	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY F	t or other i es described Paid Claims,	DOCUMENT WITH	H RESPECT	TO V	VHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A	COMMERCIAL GENERAL LIABILITY		1112				EACH OCCURRENCE		1,00	00,000
	CLAIMS-MADE OCCUR	X		N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENT PREMISES (Ea occ	ED		
				Dec 500/12/00/07/07/07			MED EXP (Any one			
							PERSONAL & ADV	INJURY \$		
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	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	ELIMIT \$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDE		-	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA	EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below	_					E.L. DISEASE - PO	LICY LIMIT \$		
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				}				0	0	
			<u></u>	<u> L</u>		L			<u>C.,,</u>	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	, may be attached if more	space is required)		(2)	100 gts	
								9.7	U	
								2.1.1	0	
RE:	Dodge County Election Commission P	ollin	g Pla	ce				47.	23	a =
	tropolitan Community College is cons				respects to liability	/ coverage			=	5
	and the second s							E.1	4	
					CANCELLATIO	VI		(-2/ 	6,	
CE	RTIFICATE HOLDER				CANCELLATIO	N .				
	Metropolitan Community C Attn: Hanne Kruse	olleg	e			ON DATE TH	DESCRIBED POLI EREOF, NOTICE Y PROVISIONS,			
	P.O. Box 3777 Omaha, NE 68103-0777				AUTHORIZED REPRES	SENTATIVE				,
					and the second s	4	Jones	g Ped	6	·

Policy Number:

Date Entered: 12/13/2021

6/15/2023

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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 this certificate does not confer rights to	to the te	rms and conditions of th	e policy, certain p ch endorsement(s)	policies may r I.	equire an endorsement. A	statement on
PRODUCER			CONTACT Larry	Pelan		
NIRMA			PHONE (A/C, No. Ext): (402)	742-9220	FAX (A/C, No): (40	2)742-9230
8040 Eiger Drive	/		E-MAIL Jarry@	nirma.info		
P.O. Box 85210	4		1	NSURER(S) AFFOR	DING COVERAGE	. NAIC#
Lincoln, NE 68516		V C	INSURERA: NE In	tergovern	mental Risk Mgmt.Ass	n. 53750
INSURED Dodge County		On.	INSURER B:			
			INSURER C:			
435 N Park			INSURER D:			
Fremont, NE 68025			INSURER E:			
			INSURER F:		DEVICION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIES		E NUMBER:	VE DEEN ICCITED T		REVISION NUMBER:	POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	QUIREME PERTAIN, POLICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE B	OF ANY CONTRAC ED BY THE POLICI SEEN REDUCED BY I	T OR OTHER I IES DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT I	O WHICH THIS I
INSR LTR TYPE OF INSURANCE	ADDL SUB INSD WV	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A COMMERCIAL GENERAL LIABILITY					LAGITOCOCKILITOL	,000,000
CLAIMS-MADE OCCUR	X	N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
					MED EXP (Any one person) \$	
				,	PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	
POLICY PRO- LOC					PRODUCTS - COMP/OP AGG \$	
OTHER:					COMBINED SINGLE LIMIT \$	
AUTOMOBILE LIABILITY					(Ea accident)	
ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE	- 1 2000 1000
AUTOS ONLY AUTOS ONLY					(Per accident) \$	
	 -					
UMBRELLA LIAB OCCUR EXCESS LIAB CL AIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$	724
TOS UNO TURBE	1				AGGREGATE S	
DED RETENTION \$ WORKERS COMPENSATION	-				PER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				e e	E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below		=			E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS BRIOW					5	102
					13° 1."	دن
	1 1				*2	C
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	0.101, Additional Remarks Schedule	, may be attached if more	space is required	3 K	15 AH
RE: 2022 Caterpillar 140-15AWD Motor C	Grader, s	erial no. EB300452, value	\$228,840		11 .	_0.00
Caterpillar Financial Services Corporation	is consi	dered an additional insure	ed with respects to	liability cove	rage associated with	Ç
specified equipment for the duration of				305-9	() Tiell enter	₩ —i
CERTIFICATE HOLDER		AND AND AND AND AND AND AND AND AND AND	CANCELLATIO	N		
Caterpillar Financial Service Attn: Kelly Cook 2120 West End Avenue	s Corpor	ation	SHOULD ANY O	F THE ABOVE I	DESCRIBED POLICIES BE CANG EREOF, NOTICE WILL BE BY PROVISIONS.	
Nashville, TN 37203			AUTHORIZED REPRE	SENTATIVE	Forus Res	Pan_

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Date Entered: 10/25/2021

DATE (MM/DD/YYYY) 6/15/2023



CERTIFICATE OF LIABILITY INSURANCE

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 Larry Pelan PRODUCER NIRMA PHONE (A/C, No. Ext): (402)742-9220 E-MAIL ADDRESS: larry@nirma.info FAX (A/C, No): (402) 742-9230 8040 Eiger Drive P.O. Box 85210 NAIC# INSURER(S) AFFORDING COVERAGE INSURERA: NE Intergovernmental Risk Mgmt. Assn 53750 Lincoln, NE 68516 INSURED Dodge County INSURER B INSURER C: 435 N Park INSURER D : Fremont, NE 68025 INSURER E: INSURER F : **REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSR LIMITS TYPE OF INSURANCE POLICY NUMBER

X	CLAIMS-MADE CCUR	X		N-2324-5	7/1/2023	7/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CDAINIS-WADE DCCOR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
GE	VL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
'	OTHER:							\$
AU1	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	S
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	S
	HIRED NON-OWNED AUTOS ONLY	31.					PROPERTY DAMAGE (Per accident)	\$
	AUTOS UNET							\$
-	UMBRELLA LIAB OCCUR		_				EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	ş
	DED RETENTION \$				1			s
	RKERS COMPENSATION						PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	l					E.L. EACH ACCIDENT	\$
	ICER/MEMBER EXCLUDED?	NIA			Ì		E.L. DISEASE - EA EMPLOYEE	\$
lf ye	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ [2]
1							(C),	C
			}	}				
							50	eli-man
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	101, Additional Romarks Schedule, n	nay be attached if mor	e space is required		CI -

RE: Leased Building located at 33 West 4th Street, Suite 5A, Fremont, NE 68025 Rupert Dunklau Foundation, Inc. is considered an additional insured with respects to liability coverage

CERTIFICATE HOLDER	CANCELLATION
Rupert Dunklau Foundation, Inc. P.O. Box 770 Fremont, NE 68026	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
- CE	AUTHORIZED REPRESENTATIVE Spring Scalar

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Date Entered: 9/29/2021

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

6/15/2023

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.

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PRODUCER			CONTACT Larry	Pelan			
NIRMA			PHONE (A/C, No. Ext): (402	742-9220	FAX (A/C, No): (40	2)742-9230	
8040 Eiger Drive		3	E-MAIL ADDRESS: larry@	nirma.info		~	
P.O. Box 85210	4		1	NSURER(S) AFFOR	RDING COVERAGE	NAIC#	
Lincoln, NE 68516			INSURERA: NE IT	tergoverni	mental Risk Mgmt.Ass	n. 53750	
NSURED Dodge County		On.	INSURER B :				
			INSURER C:				
435 N Park			INSURER D:				
Fremont, NE 68025			INSURER E:				
	1000		INSURER F:				
COVERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH RECEIVED.	QUIREME PERTAIN, POLICIES.	ENT, TERM OR CONDITION (, THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAVE BE	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY	T OR OTHER I IES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT T	O WHICH THIS	
NSR TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	X	N-2324-5		7/1/2024	DAMAGE TO RENTED	,000,000	
CLAIMO-MADE [XX] OCCUR		LI EJET J	, -, -, -	, -,	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
					PERSONAL & ADV INJURY \$		
				9	GENERAL AGGREGATE \$		
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							
					PRODUCTS - COMP/OP AGG \$		
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT &		
ANY AUTO					(Ea accident) BODILY INJURY (Per person) \$		
OWNED SCHEDULED					e construction of the cons		
AUTOS ONLY AUTOS NON-OWNED					- PROPERTY PARTY -		
AUTOS ONLY AUTOS ONLY					(Per accident)		
					\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$		
DED RETENTION \$					PER OTH-		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	100			E.L. EACH ACCIDENT \$		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$	-3	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	3	
						=======================================	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORT	2 101. Additional Remarks Schedule	may be attached if more	space is required)			
Table 1	1					Eac.	
	/93	11 222721 - 4					
RE: 2021 Caterpillar 150-15AWD Motor G				11-1-1114			
Caterpillar Financial Services Corporation specified equipment for the duration of t				nability cover	rage associated with	<u>ග</u>	
CERTIFICATE HOLDER			CANCELLATION	V			
Caterpillar Financial Service Attn: Zach Fisher 2120 West End Avenue	s Corpor	ation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Nashville, TN 37203			AUTHORIZED REPRES	SENTATIVE	Breeze Dial	2.	
				4	Jones Scal		

Date Entered: 7/13/2021

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

6/15/2023

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Larry Pelan PRODUCER NTRMA FAX (AC, No): (402) 742-9230 PHONE (A/C, No, Ext); (402) 742-9220
E-MAIL Jarry@nirma inf 8040 Eiger Drive E-MAIL ADDRESS: larry@nirma.info P.O. Box 85210 NAIC# INSURER(S) AFFORDING COVERAGE INSURERA: NE Intergovernmental Risk Mgmt. Assn Lincoln, NE 68516 53750 INSURED Dodge County INSURER B: INSURER C: 435 N Park INSURER D : Fremont, NE 68025 INSURER E INSURER F **REVISION NUMBER:** COVERAGES CERTIFICATE 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. POLICY EXP ADDL SUBR INSD WVD POLICY EFF INSR LIMITS TYPE OF INSURANCE POLICY NUMBER \$1,000,000 COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** A 7/1/2023 7/1/2024 CLAIMS-MADE X OCCUR N-2324-5 MED EXP (Any one person) \$ PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 5 POLICY 100 \$ OTHER: COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY 5 BODILY INJURY (Per person) ANY AUTO OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY S UMBRELLA LIAB **EACH OCCURRENCE** 5 OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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 Cat M320F, serial no. FB200873, value \$288,270 Caterpillar Financial Services Corporation 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 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **Caterpillar Financial Services Corporation** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Attn: Zach Fisher 2120 West End Avenue Nashville, TN 37203 **AUTHORIZED REPRESENTATIVE**

Date Entered: 11/28/2017

DATE (MWDD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

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If SUBF	OGATION IS WAIVED, subject tificate does not confer rights to	to th	e teri certifi	ns and conditions of th cate holder in lieu of suc	e policy, certain i h endorsement(s)	oolicies may r	equire an endorsement. A s	tatement on
PRODUCER					CONTACT Larry	Pelan		
	NIRMA	100	8.		PHONE (402)	742-9220	FAX (A/C, No): (402	742-9230
	8040 Eiger Drive	4			E-MAIL ADDRESS: larry@	nirma.info)	
	P.O. Box 85210	1			1	NSURER(S) AFFOR	DING COVERAGE	NAIC#
	Lincoln, NE 68516			0	INSURERA: NE In	tergovern	mental Risk Mgmt.Assn	. 53750
INSURED	Dodge County				INSURER B:			
					INSURER C:			+
	435 N Park				INSURER D:			
	Fremont, NE 68025				INSURER E :			
					INSURER F:			
COVERA				NUMBER:			REVISION NUMBER:	LIOV PERIOR
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY I IONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	EMEN AIN, IES. L	IT, TERM OR CONDITION THE INSURANCE AFFORDI IMITS SHOWN MAY HAVE B	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY I	t or other i	OCUMENT WITH RESPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
AX	COMMERCIAL GENERAL LIABILITY	~		- 0001 5	7/1/2022	7 /1 /2024	DAMAGE TO RENTED	000,000
	CLAIMS-MADE OCCUR	\wedge		N-2324-5	7/1/2023	7/1/2024	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
						ĺ	PERSONAL & ADV INJURY \$	
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	DED RETENTION \$	1					\$	
WOR	CERS COMPENSATION						PER OTH- STATUTE ER	
	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		1				E.L. EACH ACCIDENT \$	
OFFIC (Manu	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A	12				E.L. DISEASE - EA EMPLOYEE \$	2
If yes,	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT S	3
	ON OF OPERATIONS / LOCATIONS / VEHICL	ED //	0000	(A) Additional Remarks Cale-July	may be attached if man	e space is required	Ca P	Л
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICL	E5 (A	CURD	iui, Additional Remaiks Schedule	, may be attached a mor	e space is required		
							Fi pai	E-
								=======================================
RE: 2017	Caterpillar 323FL Hydrualic Exca	vato	r, ser	ial no. YEJ10027, value o	f \$225,500		400	
Caterpilla	ar Financial Services Corporation	is co	onsid	ered an additional insure	d with respects to	o liability cove	rage	53 63
associate	ed with specified equipment for	the c	lurati	on of the Insured's legal	interest in the pro	perty	F.3*	
CERTIF	ICATE HOLDER				CANCELLATIO	N		
	Caterpillar Financial Service 2120 West End Avenue	s Coi	pora	tion	THE EXPIRATI	ON DATE TH	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE I	ELLED BEFORE DELIVERED IN
	Nashville, TN 37203							
					AUTHORIZED REPRE	SENTATIVE	7 O.16	2

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Date Entered: 4/29/2014

DATE (MM/DD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

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If SUBROGATION IS WAIVED, subject this certificate does not confer rights to				h endorsement(s).	equire an endo	orsement.	. A sta	tement on
PRODUCER				CONTACT Larry	Pelan				
NIRMA				PHONE (A/C, No, Ext): (402	742-9220		FAX (A/C, No):	(402)	742-9230
8040 Eiger Drive		//	1	E-MAIL ADDRESS: larry@	nirma.info)			
P.O. Box 85210	4			1	NSURER(S) AFFOR	DING COVERAGE			NAIC#
Lincoln, NE 68516		\		INSURERA: NE II	tergovern	mental Risk	Mgmt.	Assn.	53750
INSURED Dodge County			0	INSURER B:					
425 M Paula			P	INSURER C:					
435 N Park Fremont, NE 68025				INSURER D:			-		
Fremone, ME 88025				INSURER E:					
				INSURER F:			IDED.		
			NUMBER:			REVISION NUM	and the second	IF 701	IOV PERIOR
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	QUIR PERT POLIC	EMEN AIN, IES. L	NT, TERM OR CONDITION OF THE INSURANCE AFFORDS MITS SHOWN MAY HAVE B	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY I	T OR OTHER DIES DESCRIBED PAID CLAIMS.	DOCUMENT WITH	H RESPEC	T TO V	WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR	×		N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENT PREMISES (Ea occ	ED	\$1,00	00,000
						MED EXP (Any one	person)	s	
						PERSONAL & ADV	INJURY	\$	
GENL AGGREGATE LIMIT APPLIES PER:				1		GENERAL AGGREC	SATE	\$	
POLICY PRO- JECT LOC				1		PRODUCTS - COM	P/OP AGG	\$	
OTHER:								\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	ELIMIT	\$	
ANY AUTO						BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED AUTOS						BODILY INJURY (Pe		\$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMA((Per accident)	3E	\$	
								\$	
UMBRELLA LIAB OCCUR						EACH OCCURREN	CE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDE	NT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA					E.L. DISEASE - EA	EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POI	LICY LIMIT	\$ ====	
							617	5	
	l				ĺ		(1 1 to 12	<u></u>	
							C)	475.00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be attached if more	space is required)		V-2	UI	
							Sic .	-	
							美田	The	
G . (C			_4 (1.1 (1.1.10)				0.2	S	
Certificate holder is considered an addition		nsur	ed with respect to liability	y coverage associ	ateo with equi	pment	10		
used for county weed spraying operation	5							(Y)	
							r-ir		
CERTIFICATE HOLDER				CANCELLATION	N				
Papio-Missouri River NRD 8901 S 154th Street Omaha, NE 68138					ON DATE THE	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS,			
				AUTHORIZED REPRES	SENTATIVE			سر	·
					,	Jory	76%	ela	u

Date Entered: 6/15/2010

DATE (MM/DD/YYYY)

6/15/2023

CERTIFICATE OF LIABILITY INSURANCE

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 this certificate does not confer rights to	to the ce	terms and conditions of the artificate holder in lieu of suc	ch endorsement(s		equite an endorsement. A s	ratement of
RODUCER NIRMA			CONTACT Larry	Pelan		
			PHONE (A/C, No. Ext): (402)	742-9220	FAX (A/C, No): (402	742-923
8040 Eiger Drive	1		E-MAIL 1arry@	nirma.info)	
P.O. Box 85210	1/		(RDING COVERAGE	NAIC#
Lincoln, NE 68516					mental Risk Mgmt.Assn	. 53750
SURED Dodge County			INSURER B:			
		Opla	INSURER C:			
435 N Park			INSURER D :			
Fremont, NE 68025			INSURER E :			
			INSURER F:			
OVERAGES CER	TIFICA	TE NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	QUIREI PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE E	OF ANY CONTRAC ED BY THE POLICI EEN REDUCED BY I	T OR OTHER I ES DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO	WHICH THIS
R TYPE OF INSURANCE	ADDL SI	WD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					2 1011 2 2 3 111 11 11 1	000,000
CLAIMS-MADE OCCUR	X	N-2324-5	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
					MED EXP (Any one person) \$	00.000
					PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	
OTHER:	-				S	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	¥
ANY AUTO			į		BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident) \$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE \$	
The second secon					\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE \$	
DED RETENTION \$					\$	
WORKERS COMPENSATION					PER OTH- STATUTE ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N					E.L. EACH ACCIDENT \$	
OFF!CER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE \$	3
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	3
DESCRIPTION OF SECURIOR PROPERTY.					FIT 7	1.)
					<u> </u>	Total Control
					521 =	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL ainstreet of Fremont is considered an a th the Insured	ST				(100 m)	2 'U R# 2
ERTIFICATE HOLDER			CANCELLATION	i		
Mainstreet of Fremont 605 N Broad Street Fremont, NE 68025			SHOULD ANY O	THE ABOVE DOWN DATE THE	DESCRIBED POLICIES BE CANCEI EREOF, NOTICE WILL BE DI Y PROVISIONS.	
			AUTHORIZED REPRES	ENTATIVE	Bong Ocale	Z