CAJO

DATE (MM/DD/YYYY)

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).

(913) 393-3447 CONTACT New Century Insurance Group, Inc PRODUCER New Century Insurance Group, Inc. PHONE (A/C, No, Ext): 913-393-3447 FAX (A/C. No): 913-393-3647 P.O Box 3867 E-MAIL ADDRESS: certs@ncig.net Olathe, KS 66063 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: ACUITY A Mutual Insurance Company 14184 INSURER B : Sentry Select Insurance Company INSURED Anchor Trucking Service, Inc 21180 INSURER C: Gemini Insurance Company PO BOX 2304 INSURER D: Praetorian Insurance Company Kansas City, KS 66102-37257 INSURER E: Lloyds of London INSURER F : **COVERAGES**

CERTIFICATE NUMBER:

REVISION 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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP		LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY				THINK DO THE TE	CINIMICOLOTTO	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	N	N	Z48324	6/30/2023	6/30/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	-	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
-		ANY AUTO OWNED SCHEDULED	N	N	A0107050001	6/30/2023	6/30/2024	BODILY INJURY (Per person)	\$		
		AUTOS ONLY AUTOS			9*			BODILY INJURY (Per accident)	\$		
-		AUTOS ONLY NON-OWNED AUTOS ONLY			120			PROPERTY DAMAGE (Per accident)	\$		
									\$		
С	la series	UMBRELLA LIAB X OCCUR		. veces		5 Th 10 Th 1	to the contact of the contact of	EACH OCCURRENCE	\$	2,000,000	
	X	EXCESS LIAB CLAIMS-MADE	N	N	GSV500101802	6/30/2023	6/30/2024	AGGREGATE	\$		
		DED RETENTION \$							\$		
D	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			N	P0014-MP231358015C	5/10/2023	5/10/2024	X PER OTH-			
								E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
В	Mot	or Truck Cargo	N	N	A0107050001	6/30/2023	6/30/2024	\$10,000 Deductible		\$250,000 Limit	
E	Mot	or Truck Cargo	N	N	NA22EEEA-01	6/30/2023	6/30/2024			\$750,000 Limit	
							N.				

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

CERTIFICATE HOLDER

CANCELLATION

Dodge County Highway Dept 435 N Park Fremont, NE 68025SHOULD 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/27/2023

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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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
	DUCER			2-333-3323	CONTACT NAME: Lacey Skalicky or Kathy Beatty								
Bro	vn & Brown Inc.	15	1	1	PHONE (A/C, No, Ext): (515) 802-3005 FAX (A/C, No): (515) 802-3032								
80	South 8th Street				E-MAIL ADDRESS: 1skalicky@bbrown.com								
	ce 700	V			INSURER(S) AFFORDING COVERAGE					NAIC#			
	neapolis, MN 55402				INSURER A: LIBERTY MUT FIRE INS CO					23035			
INSU	RED	9		O_{\wedge}	INSURERB: ASSOCIATED ELECTRIC & GAS INS SVCS-AIIN#:								
	ck Hills Corporation			NL			Y INS CORP			42404			
	its subsidiaries Box 1400					RD: SELF I			.,,,	3			
PO .	30X 1400				INSURE								
Rap	id City, SD 57709-1400				INSURE								
co	/ERAGES CER	TIFIC	CATE	NUMBER: 69079329				REVISION NUMBER:					
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INSR LTR	TYPE OF INSURANCE	ADDL SUBF		POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED					
9	CLAIMS-MADE OCCUR			5.				PREMISES (Ea occurrence) \$					
								MED EXP (Any one person) \$					
								PERSONAL & ADV INJURY \$					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE					
21	POLICY PRO- JECT LOC					*6		VIA. 413.15.203.2011.30	In the latest and the				
	OTHER:	x		AS2641437957033		07/01/23	07/01/24	COMBINED SINGLE LIMIT					
Α	AUTOMOBILE LIABILITY	^		A5204143/35/033		07/01/23	07/01/24	(La accident)	\$ 2,000,000				
	X ANY AUTO OWNED SCHEDULED												
	AUTOS ONLY AUTOS NON-OWNED			**				ADMINISTRAÇÃO DE ADMINISTRAÇÃO DE CARACTERA PORTUMBA DA CARACTERA DE C	5				
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		Δ			
	I I I I I I I I I I I I I I I I I I I	x		XL5128712P		07/01/23	07/01/24			000,000			
В	UMBRELLA LIAB OCCUR	1,000		XL5128/12P			07701724			000,000			
	X EXCESS LIAB X CLAIMS-MADE							4		000,000			
	DED RETENTION \$ WORKERS COMPENSATION						00/01/01	X PER OTH- STATUTE ER	<u> </u>				
C	AND EMPLOYERS' LIABILITY Y / N			WA764D437957043		07/01/23	07/01/24		2.0	00.000			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						A PRODUCTION OF THE PRODUCTION		00,000			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE S		00,000			
D	DÉSCRIPTION OF OPERATIONS below GENERAL LIABILITY - SIR	+		SELF INSURED RETENT	ION	07/01/23	07/01/24			0,000			
#						0,7,01,10							
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	- 50			100 100				r\3				
	TIFICATE HOLDER IS INCLUDED A								\subseteq	ONG			
EXC	EPT WORKERS' COMPENSATION AS	KEQU	TKEL) BI WRITTEN CONTRAC	ו סטסנ	ECT TO PO	OTCI TEVNO	, CONDITIONS AND EAC	С ТООТ.	JNS.			
CERTIFICATE HOLDER CANCELLATION													
	RTIFICATE HOLDER			***************************************	CANC	ELLATION			-				
ROW	Permit				SHO	ULD ANY OF	THE ABOVE D		 NCELL	ED BEFORE			
Dod	ge County Nebraska Hwy Depart	ment			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								

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435 N Park Street

Fremont, NE 68025

USA

AUTHORIZED REPRESENTATIVE

ACORD"

WILL&SO-01

WBUHR

CERTIFICATE OF LIABILITY INSURANCE

6/28/2023

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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Eller P.O.	DUCER brock-Norris Agency, Inc. Box 816 ings, NE 68902-0816	7		CONTACT Wendy Buhr NAME: PHONE (A/C, No, Ext): (402) 519-4881 E-MAIL ADDRESS: wbuhr@ellerbrock-norris.com							
7451	ings, NE 00302-0010			KUUKES					NAIC#		
			C_{\triangle}	INSURER(S) AFFORDING COVERAGE INSURER A : BITCO Insurance Companies					0095		
			\O \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
INSU				INSURER B:							
	Williams & Son Housemovers	s Inc	/	INSURE							
	2883 North Osage Avenue Juniata, NE 68955			INSURE							
	Juliata, NE 00955			INSURE							
				INSURER F:							
CO,	VERAGES CERT	TIFICAT	E NUMBER:	REVISION NUMBER:							
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIREM PERTAIN POLICIES	MENT, TERM OR CONDITION N, THE INSURANCE AFFORM S. LIMITS SHOWN MAY HAVE	n of AI Ded by . Been R	NY CONTRAC THE POLICI EDUCED BY F	ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CILOW	HICH INIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	<u>.s</u>	1,000,000		
	CLAIMS-MADE X OCCUR		CLP 3731493		7/14/2023	7/14/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
							MED EXP (Any one person)	\$	5,000		
							PERSONAL & ADV INJURY	<u></u>	1,000,000		
							GENERAL AGGREGATE	s	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s	2,000,000		
	X POLICY PRO-						PRODUCTS - COMPTOR AGG				
Λ	OTHER:						COMBINED SINGLE LIMIT	<u> </u>	1,000,000		
Α	X ANY AUTO		CAP 3731491		7/14/2023	7/14/2024	(Ea accident) BODILY INJURY (Per person)	s			
	OWNED AUTOS ONLY SCHEDULED AUTOS		CAI 3/3/401		111-112020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BODILY INJURY (Per accident)	s			
				1			PROPERTY DAMAGE (Per accident)	s			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)				
	<u> </u>							\$			
	UMBRELLA LIAB OCCUR				1		EACH OCCURRENCE	<u>.</u> §			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$						I DEB I OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER					
	ANY DECEDER OF THE PIECE CHILINE ("""")	N/A					E.L. EACH ACCIDENT	<u>.s</u>			
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	450,000		
Α	Motor Truck Cargo		CLP 3731493		7/14/2023	7/14/2024	Limit of Insurance		150,000		
							() ()	57 65 65 173			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	RD 101, Additional Remarks Schedi	ule, may b	e attached if moi	re space is requir	* .	に 1000 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1300 1	¥		
							#0) W.W.	ņ			
CE	RTIFICATE HOLDER			CANO	CELLATION			N T			
<u> </u>	Dodge County Zoning Dept. 435 N Park Fremont, NE 68025			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
				Bu White							