

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/27/2019

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.

t	MPORTANT: If the certificate holder ne terms and conditions of the policy ertificate holder in lieu of such endor	, cer	tajny	policies may require an e							
PRODUCER Managetta Incurance Agency						CONTACT NAME: Lori Menichetti					
Marcotte Insurance Agency 9394 W Dodge Road STE 250 Omaha NE 68114						PHONE (A/C, No, Ext): 402-970-3321 FAX (A/C, No): 402-398-0917					
Omaha NE 68114						E-MAIL ADDRESS: Imenichetti@marcotteins.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Travelers Insurance			25682		
INSURED ERIKCON-01 Eriksen Construction Co, Inc.						INSURER B:					
2546 S Hwy 30						INSURER C: 102019					
Blair NE 68008-0610						INSURER D:					
						INSURER E:					
COVERAGES CERTIFICATE NUMBER: 618747013						INSURER F : REVISION NUMBER:					
T IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF EQUII PERT POLI	INSUI REME FAIN,	RANCE' LISTED BELOW HAY NT; TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIES REDUCED BY I	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO V O ALL T	WHICH THIS	
INSR LTR	Consider 1		WVD			POLICY EFF (MM/DD/YYYY) 4/1/2019	0.000	LIMIT			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		l N	D1-CO-23030345-F11X-15		4/1/2019	4/1/2020	EACH OCCURRENCE \$1 DAMAGE TO RENTED		2000	
								PREMISES (Ea occurrence)	\$ 300,000)	
								MED EXP (Any one person)	\$ 5,000	00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,0		
	POLICY X PRO- LOC							PRODUCTS - COMP/OP AGG	\$2,000,0		
	OTHER:							THE POST OF THE PO	\$		
Α	AUTOMOBILE LIABILITY	N	N	DT-810-2J638349-COF-19		4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00	
	X ANY AUTO							BODILY INJURY (Per person)	\$	MARIA .	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR	N	N	ZUP-91M77338-19-NF		4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 10,000,0	000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 10,000,0	000	
-	DED X RETENTION \$ 10,000 WORKERS COMPENSATION			LUD a legge to to to		4410040	4440000	v I PER OTH-	\$		
Α	AND EMPLOYERS' LIABILITY Y / N		N	UB-2J638349-19-42		4/1/2019	4/1/2020	X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 500,000	=	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						+	E.L. DISEASE - EA EMPLOYEE	W10400-001		
A	DESCRIPTION OF OPERATIONS below Lease/Rented Egpt			QT-660-8A137356-COF-19		4/1/2019	4/1/2020	E.L. DISEASE - POLICY LIMIT Leased/Rented Egpt	\$500,000		
А	Lease Mented Edit			Q1 000 0/110/000 001 10		4/1/2010	47 112020	Eddod/Norlled Eqpt	200,000	12.	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										-	
						ZM O					
CERTIFICATE HOLDER						CANCELLATION					
Dodge County Building Inspection & Zoning Department Courthouse - 435 N Park, Room 204 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.					