

DATE (MM/DD/YYYY)

06/17/2019

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 ASTER 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. PRODUCER CONTACT NAME: 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 PRODUCER CUSTOMER ID: Lincoln, NE 68501 INSURER(S) AFFORDING COVERAGE NAIC# INSURED INSURERA: NE Intergovernmental Risk Momt. Assn Dodge County 53750 INSURER B : 435 N Park INSURER C: Fremont, NE 68025 INSURER D : INSURER E: INSURER F : COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, If more space is required) RE: Double Drum Walk Behind Pad 3 WAC RT820, serial no. 5945877, value of \$15,000 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 POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COVERED PROPERTY LIMITS DATE (MM/DD/YYYY) PROPERTY BUILDING CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY \$ BUILDING BASIC **BUSINESS INCOME** BROAD CONTENTS EXTRA EXPENSE SPECIAL RENTAL VALUE \$ **EARTHQUAKE** BLANKET BUILDING \$ WIND BLANKET PERS PROP \$ FLOOD BLANKET BLDG & PP \$ 7/1/2019 INLAND MARINE 7/1/2020 \$2,203,795 TYPE OF POLICY Per Sched CAUSES OF LOSS NAMED PERILS POLICY NUMBER \$ NP-1920-5 CRIME \$ TYPE OF POLICY BOILER & MACHINERY / **50**00 EQUIPMENT BREAKDOWN OMO SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 00 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Titan Machinery ACCORDANCE WITH THE POLICY PROVISIONS. Attn: Dustin Ronke 3827 42nd Street **AUTHORIZED REPRESENTATIVE** Omaha, NE 68107

ACORDO

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/28/2017

DATE (MM/DD/YYYY) 6/17/2019

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.

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).

1		NIRMA	/			NAME:			LEAV				
		8040 Eiger Drive	8	,	>	PHONE [AIC, No. Ext]: (402) 742-9220 FAX [AIC, No]: (402) 742-9230							
		P.O. Box 85210		/		E-MAIL ADDRESS: larry@nirma.info							
		Lincoln, NE 68501			C	Menta	IN NE Int	SURER(S) AFFO	RDING COVERAGE ental Risk Mgmt.As	sn.	NAIC# 53750		
INS	URED	Dodge County			·O_	- REMIT					33730		
					101	INSURER B: INSURER C:							
		435 N Park						***					
		Fremont, NE 68025				INSURER D : INSURER E :							
						INSURE	RE:						
	\\/mm	1000				INSURE	RF:						
		The state of the s			E NUMBER:	VE DEEL	LIGOUES TO	mile ninine	REVISION NUMBER:				
C	NDICA	S TO CERTIFY THAT THE POLICI TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MA' SIONS AND CONDITIONS OF SUC	requif / Per	REMEN FAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY T	CONTRACT (OR OTHER D	OCUMENT WITH RESPECT TO	TO W	HICH THIS		
INSF		TYPE OF INSURANCE		L SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
A	X	COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111111111111111111111111111111111111111	EACH OCCURRENCE		00,000		
		CLAIMS-MADE OCCUR			N-1920-5		7/1/2019	7/1/2020	DAMAGE TO RENTED	\$			
			1						PREMISES (Ea occurrence)				
	П		-						MED EXP (Any one person)	\$			
	CEN	L AGGREGATE LIMIT APPLIES PER:	-						PERSONAL & ADV INJURY	\$			
		PRO.							GENERAL AGGREGATE	\$			
				1					PRODUCTS - COMP/OP AGG				
-	1	OTHER: OMOBILE LIABILITY	+-	-					COMBINED SINGLE LIMIT	\$			
		ANY AUTO							(Ea accident)	\$			
	-	OWNED SCHEDULED				1			BODILY INJURY (Per person)	\$			
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
		AUTOS ONLY AUTOS ONLY	-			1			(Per accident)	\$			
_				-						\$			
	-	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MAD	E			Ī			AGGREGATE	\$	_		
		DED RETENTION \$								\$			
		ERS COMPENSATION MPLOYERS' LIABILITY Y/I	.						PER OTH- STATUTE ER				
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mand	atory in NH) describe under]					[E.L. DISEASE - EA EMPLOYEE	\$			
	DESCI	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
									000	7113			
DESC	RIPTIO	N OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 1	01, Additional Remarks Schedul	e, may be a	ittached if more s	space is required)	<u> </u>			
									OF	-Giran			
									0 0	00	1		
DE.	2017	Catanaillas 222El Underralia	F				002 26653		~~~	. •	f		
		Caterpillar 323FL Hydrualic							ility coverage	70	1		
		ar Financial Services Corpor		is coi	isidered an additional	insure	d with resp	ects to liab	ility coverage 👙 🔾	P. 4			
1550	crate	d with specified equipment								1 00			
CER	TIFIC	ATE HOLDER				CANCE	ELLATION	Photo	9	- CJI			
		Caterpillar Financial Serv	ices C	orpo	ration	l T			737				
		Attn: Erica Graddy				SHOU	ILD ANY OF T	HE ABOVE D	ESCRIBED POLICIES BE	CANCELLI	ED BEFORE		
		2120 West End Avenue				THE	EXPIRATION	DATE THE	REOF, NOTICE WILL PROVISIONS.	BE DEL	IVERED IN		
		Nashville, TN 37203				7000	WINDWINGE ANILI	n (ne rough)	, MONOIONO.				
		and the second s				AUTHORI	ZED REPRESENT	TATIVE					
					İ			5 5 7	Bour ?	elon			
		1						6	17000		_		
100000							© 191	88-2015 ACC	ORD CORPORATION.	All rights	record		
							0 101	and in Unit	THE SUIT SINTING.	20 1101112	I COCIVEU		



DATE (MM/DD/YYYY) 06/17/2019

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.

PRO	DUGER	NIRMA			NAME: PHONE							
			liger Drive		(AC, NO, EXIL	ry@nirma.info						
			lox 85210	· ·	PRODUCER CUSTOMER ID:							
	-2.2	Lincol	n, NE 685	501		INSURER(S) AFFOR	RDING COVERAGE		NAIC#			
INSU	RED	Dodge	County		INSURER A : NE	Intergovern	mental Risk Mgmt.	Assn.	53750			
					INSURER B:							
		435 N	Park		INSURER C:	<u></u>						
		Fremon	t, NE 6802	15	INSURER D:							
					INSURER E :							
					INSURER F :							
		GES		CERTIFICATE NUMBER:			REVISION NUMBER:					
RE: Cat	2017 erpill	' Caterpillar ar Financial	323FL Hydru Services Cor	operty (Attach ACORD 101, Additional Remarks ralic Excavator, serial no. YEJ1002 poration is considered a loss paye	7, value of \$225 ee with respects	,500 to specified eq		HE POL	ICY PERIOD			
IN	DICAT	ED. NOTWIT	HSTANDING AN	Y REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOR CH POLICIES, LIMITS SHOWN MAY HAVE F	N OF ANY CONTF RDED BY THE PO	RACT OR OTHER I	DOCUMENT WITH RESPEC	:T 10 V	VHICH THIS			
INSR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS			
		PROPERTY					BUILDING	\$				
	CAUS	SES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$				
	E	BASIC	BUILDING				BUSINESS INCOME	\$				
	В	BROAD	CONTENTS				EXTRA EXPENSE	\$				
	S	SPECIAL					RENTAL VALUE	\$				
	E	EARTHQUAKE					BLANKET BUILDING	\$				
	V	NIND					BLANKET PERS PROP	\$				
	F	LOOD					BLANKET BLDG & PP	\$				
								\$				
								\$				
A	\times	NLAND MARINE		TYPE OF POLICY	7/1/2019	7/1/2020	Yer Sched	\$2,68	0,516			
	CAUS	ES OF LOSS						\$				
	1	VAMED PERILS		POLICY NUMBER				\$				
				NP-1920-5				\$				
	(CRIME					519	\$				
	TYPE	OF POLICY										
							2	SC MI				
		OILER & MACHIN						\$C				
							90	-				
								\$_ 0				
SPEC	IAL CO	NDITIONS / OTHE	R COVERAGES (A	CORD 101, Additional Remarks Schedule, may be a	ttached if more space is	s required)	Vay Common Variable Common Var					
			and the second s					1.0	1			
							D a	e a				
							3	O	ĺ			
						8	3					
CEF	TIFIC	CATE HOLDI	ER		CANCELLAT	ION						
			ar Financial S ca Graddy	Services Corporation	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 We	est End Avenue, TN 37203	ue	AUTHORIZED REPRESENTATIVE							

Date Entered: 8/30/2018

DATE (MM/DD/YYYY) 6/17/2019

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).

PRODUCER				The second secon	CONTA	CT						
	NIRMA	/	7		NAME: PHONE (AIC, No, Ext): (402) 742-9220 FAX (AIC, No, Ext): (402) 742-9230							
	8040 Eiger Drive	4	>	•	E-MAIL	o. Ext): (102) ss: larry@r	nirma inf		(102)	712 3200		
	P.O. Box 85210				ADDRE							
1	Lincoln, NE 68501				-	NE Int	surer(s) Affo ergovernme	RDING COVERAGE ental Risk Mgmt.Ass	n.	53750		
INSURED	Dodge County			10						33730		
INSURED	boage county			O D.	INSUR	RB:						
	425 N D				INSURE	RC:						
	435 N Park Fremont, NE 68025				INSURE	RD:				<u> </u>		
	Fremont, NE 68025				INSURE							
<u> </u>					INSURER F:							
COVERA				NUMBER:	C 0001	LIGOUED TO	THE MANDE	REVISION NUMBER:	E DOLL	W DEDIOD		
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIES FED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY I SIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EMEN AIN, 7 CIES.	IT, TERM OR CONDITION C THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	DF ANY	CONTRACT (THE POLICIES REDUCED BY	OR OTHER DO DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	TO W	HICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI"	rs			
AX	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	\times		N-1920-5		7/1/2019	7/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,	000,000		
				10.00 mm				MED EXP (Any one person)	\$			
		1						PERSONAL & ADV INJURY	\$			
GEN'L	AGGREGATE LIMIT APPLIES PER;							GENERAL AGGREGATE	\$	****		
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$			
	OTHER:			***				THE SOUTH SOUTH TO THE	\$			
-	MOBILE LIABILITY			-Toursenses - /				COMBINED SINGLE LIMIT (Ea accident)	\$			
A	ANY AUTO							BODILY INJURY (Per person)	\$	337-7-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
H	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	********		
^	AUTOS ONLY AUTOS ONLY							(Fet accident)	\$			
	JMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							AGGREGATE	\$			
	ERS COMPENSATION							PER OTH- STATUTE ER	Ψ			
	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER E.L. EACH ACCIDENT	\$			
OFFICE	R/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE				
If yes, d	story in NH) describe under								\$			
DESCR	RIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	.			
								ರಿಂ	23.1			
RE: Cater	n of operations / Locations / VEHICLI	ode	l # 25	57D, Serical # EZW0255	56			RECEIV	- 8 - 8			
	ar Financial Services Corporat				insure	ea in regard	to the spec	med D	TO IX			
liability co	oility coverage as it relates to the discribed property.											

CERTIFICATE HOLDER

CANCELLATION

Caterpillar Financial Services Corporation Attn: Andre Simpson 2120 West End Avenue Nashville, TN 37203-0001

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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/17/2019

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.

DD	DDUC		OKTROBOO	EN AND THE GERTINIONIE HOLDER	CONTACT					-			
110	5000	NIRMA		<u> </u>	NAME:	(400) 540, 000		FAY	(400)	740 0000			
		8040 I	Eiger Driv	e	PHONE (402) 742-9220 FAX (A/C, No): (402) 742-9230 E-MAIL ADDRESS: larry@nirma.info								
1		P.O. I	Вож 85210	4 /	ADDRESS: Lar	ryenirma.inr	:0						
		Lincol	Ln, NE 68	501	CUSTOMER ID:	INSURER(S) AFFO	RDING	COVERAGE		NAIC#			
INS	URED	Dodge	County	C	INSURER A : NE	Intergovern			mt.Assn.				
				, O	INSURER B :					<u> </u>			
		435 N	Park		INSURER C :								
		Fremor	nt, NE 680	25	INSURER D:								
					INSURER E :								
					INSURER F:								
-		RAGES		CERTIFICATE NUMBER:			REV	ISION NUMBER	R:				
RE:	Ca	terpillar Mul	ti Terrain Loa	ROPERTY (Attach ACORD 101, Additional Remarks	02556, Value \$5	51,000							
C	IDICA ERTI	ATED. NOTWIT IFICATE MAY B	THSTANDING A E ISSUED OR	DLICIES OF INSURANCE LISTED BELOW NY REQUIREMENT, TERM OR CONDITIO MAY PERTAIN, THE INSURANCE AFFO JCH POLICIES LIMITS SHOWN MAY HAVE F	ON OF ANY CONTI	RACT OR OTHER	DOCL	MENT WITH REG	SPECT TO	WHICH THIS			
INSR		TYPE OF INS	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		OVERED PROPERTY	\$	LIMITS			
		PROPERTY						BUILDING	\$,			
	CA	USES OF LOSS	DEDUCTIBLES BUILDING					PERSONAL PROPER	RTY \$				
		BASIC	DUILDING				Ш	BUSINESS INCOME	\$				
		BROAD	CONTENTS				Ш	EXTRA EXPENSE	\$				
		SPECIAL					\square	RENTAL VALUE	\$				
	_	EARTHQUAKE					\vdash	BLANKET BUILDING	Ψ	- VV market (1970)			
		WIND		4				BLANKET PERS PRO	Ψ.				
		FLOOD		4				BLANKET BLDG & PP	\$				
			18	-			H	(9 8)	\$				
A	X	INLAND MARINE		TYPE OF POLICY					\$				
	CAU	JSES OF LOSS							\$				
		NAMED PERILS		POLICY NUMBER			\vdash		9				
				NP-1920-5	7/1/2019	7/1/2020	XP	er Schedul	Le , 2,6	680,516			
		CRIME						-					
	TYPI	E OF POLICY						D0 &	SCORE				
			(1 4)					67. 878	\$ 5				
		BOILER & MACHIN	IERY /					() (b)					
		EGOIT MENT DIVE						(2)	6 7 5				
									ill s				
								4	ris -P				
SPEC	IAL C	ONDITIONS / OTHE	R COVERAGES (A	CORD 101, Additional Remarks Schedule, may be at	ttached if more space Is	required)		7	in the				
Cate	rnil	lar Financial	Sevices Corn	oration is considered a loss payee	with recreet to	the reference	Inro	oroty	2000 X				
JU 00	. Isti	iai i iiiaiiciai	octioes corp	oration is considered a loss payee	with respect to	the referenced	prop	лесу		٥ -			
									14.00				
								*1					
CEF	TIF	ICATE HOLDE	R		CANCELLATI	ON							
			r Financial Se dre Simpson	ervices Corporation	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 We	st End Avenu , TN 37203-0	le .	AUTHORIZED REPRESENTATIVE								

Date Entered: 8/29/2018

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

6/17/2019

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.

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).

PRODUCER	NIRMA				CONTA NAME:					
		//		>	PHONE (A/C, No	o, Ext); (402)	742-9220	FAX (A/C, No):	(402)	742-9230
	8040 Eiger Drive	X	/		E-MAIL ADDRE	ss: larry@r	nirma.inf	0		
	P.O. Box 85210		V			IN	SURER(S) AFFO	RDING COVERAGE		NAIC#
	Lincoln, NE 68501				INSURE	RA: NE Inte	ergovernme	ntal Risk Mgmt.Ass	n.	53750
INSURED	Dodge County				INSURE					
					INSURE	RC:				
	435 N Park			*	INSURE	RD:				
8	Fremont, NE 68025				INSURE	RE:				
					INSURE	RF:				
COVERA				NUMBER:				REVISION NUMBER:		
INDICATI CERTIFIC EXCLUS	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE- CATE MAY BE ISSUED OR MAY F FIONS AND CONDITIONS OF SUCH	QUIRI PERTA POLIC	EMEN AIN, 7 CIES.	IT, TERM OR CONDITION O THE INSURANCE AFFORDEI LIMITS SHOWN MAY HAVE I	F ANY D BY T	CONTRACT (THE POLICIES REDUCED BY	OR OTHER DO DESCRIBED PAID CLAIMS.	DOUMENT WITH RESPECT	TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,	000,000
	CLAIMS-MADE OCCUR	X		N-1920-5		7/1/2019	7/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
Р	OLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
0	OTHER:								\$	
AUTON	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
A	NY AUTO							BODILY INJURY (Per person)	\$	
	WNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	UTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	20 CONTROL OF THE PROPERTY OF								\$	
U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
E	XCESS LIAB CLAME MADE							AGGREGATE	•	

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

RE: Caterpillar Multi Terrain Loader, Modle # 257D, Serial # EZW02557. Caterpillar Financial Services Corporation is considered an additional insured with respect to the liability coverage associated with the specified property.

Caterpillar Financial Services Corporation Attn. Andre Simpson 2120 West End Avenue

Nashville, TN 37203-0001

CLAIMS-MADE

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

DED WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AGGREGATE

PER STATUTE

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

000

RECEIVED DO

3

AUTHORIZED REPRESENTATIVE

CANCELLATION

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE HOLDER



DATE (MWDD/YYYY) 06/17/2019

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

		ER, AND THE CERTIFICATE HOLDER.							
PROD	DUCER NIRMA		CONTACT NAME:			resv			
	8040 Eiger Drive		I IAVG. NO. EXII.	(402) 742-9220		FAX (A/C,	No): (402)	742-9230	
	P.O. Box 85210	// >	ADDRESS: lar	ry@nirma.inf	ō				
	Lincoln, NE 685	501	CUSTOMER ID:	INSURER(S) AFFO	DDIN	C COVERACE		NAIC#	
INSUR	RED Dodge County		INSURER A : NE	Intergovern			nt.Assn.		
	3 3	0	INSURER B :				-		
	435 N Park	P	INSURER C:	Was American					
	Fremont, NE 6802	25	INSURER D:						
			INSURER E :						
			INSURER F:						
-	'ERAGES	CERTIFICATE NUMBER:			RE	VISION NUMBER	₹:		
LOCA	TION OF PREMISES / DESCRIPTION OF PR	ROPERTY (Attach ACORD 101, Additional Remarks	Schedule, If more spac	e is required)					
RE:	Caterpillar Multi Terrain Loa	der, Model # 257D, Serial # EZW0	2557 valued at	\$51,000.					
		poration is considered a loss paye			l ear	iipment.			
	•	,							
THI	S IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW I	HAVE BEEN ISSUE	D TO THE INSUR	ED N	NAMED ABOVE FO	R THE POL	ICY PERIOD	
CE	RTIFICATE MAY BE ISSUED OR	NY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTI RDED BY THE PC	RACT OR OTHER ILICIES DESCRIBEI	DOC D HE	UMENT WITH RES REIN IS SUBJECT	SPECT TO T TO ALL	WHICH THIS THE TERMS,	
EXC	CLUSIONS AND CONDITIONS OF SU	ICH POLICIES, LIMITS SHOWN MAY HAVE B	EEN REDUCED BY POLICY EFFECTIVE	PAID CLAIMS. POLICY EXPIRATION					
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MWDD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
L	PROPERTY					BUILDING	\$		
	CAUSES OF LOSS DEDUCTIBLES					PERSONAL PROPER	TY \$	***	
	BASIC					BUSINESS INCOME	\$		
	BROAD CONTENTS					EXTRA EXPENSE	\$		
	SPECIAL					RENTAL VALUE	\$		
	EARTHQUAKE					BLANKET BUILDING	\$		
	WIND					BLANKET PERS PRO	P \$		
L	FLOOD					BLANKET BLDG & PP	\$		
							\$		
							\$		
A 2	INLAND MARINE	TYPE OF POLICY					\$		
	CAUSES OF LOSS						\$		
-	NAMED PERILS	POLICY NUMBER	T/1/0010	7/1/2000			\$		
		NP-1920-5	7/1/2019	7/1/2020	X	Per Schedul	e \$ 2,6	680,516	
	CRIME .						\$		
T	YPE OF POLICY	1					\$		
_	Tanana wangianyi					· · · · · · · · · · · · · · · · · · ·	\$		
-	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				\square	000	\$		
							\$ ===		
						60 -	\$ 6		
EDECIA	L CONDITIONS / OTHER COVERAGES /AC	ORD 101, Additional Remarks Schedule, may be att					1 5		
JP ECIA	L CONDITIONS FOTHER COVEROGES (AC	ORD 101, Additional Remarks Schedule, may be att	ached if more space is	requirea)		0 6		1	
						5	Test Carly		
						My way			
						Bland Party Am			
			5 miles 6			De	Ď		
CERT	IFICATE HOLDER		CANCELLATI	ON		67 0	N		
				13 M D	0.0				
				OF THE ABOVE DE				BEFORE	
	Caterpillar Financial S			E WITH THE POLICY			A ELVED IM	İ	
	Attn: Andre Simpson								
	2120 West End Avenu		AUTHORIZED REPRESENTATIVE						
	Nashville, TN 37203-0	001		/	زمر	Jones S	cela		
	teature and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second					10			
				A ADDE SOME AC	ODB	CORROBATION	1 411 1 1	District over the construction	



DATE (MM/DD/YYYY) 06172019

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

			VE OR PRODUC	ER, AND THE CERTIFICATE HOLI	DER.										
PR	obuc	ER NIRM	IA			CONTACT NAME:									
		8040	Eiger Driv	re 💮		AUG, NO, EXI);	402) 742-9220		FAX (A/C, N	o): (402)	742-9230				
			Box 85210			E-MAIL ADDRESS: Lar	ry@nirma.inf	0							
			oln, NE 68	501	1	PRODUCER CUSTOMER ID:									
				301			INSURER(S) AFFO				NAIC#				
INS	UREC	Dodg	e County			INSURER A : NE	Intergovern	mer	ntal Risk Mgmt	.Assn.	53750				
					Dn.	INSURER B:		_							
			N Park	- /-	1	INSURER C:									
		Frem	ont, NE 680	25	4	INSURER D:			1						
					ľ	INSURER E:				_					
						INSURER F:				1/2					
	~	RAGES		CERTIFICATE NUMBER:				RE	VISION NUMBER:						
LOC	ATIO	N OF PREMISES	I DESCRIPTION OF P	ROPERTY (Attach ACORD 101, Additional Res	marks Sche	dule, if more space	e is required)								
DE:	Poi	atal Agracy	mont No. 1760	20 - 2019 John Deere 644K Wh	حجا احمط	dan aantal n	- 4 DUAC 4 4 V 7 T I	rcc	MOFF						
M	rnh	v Tractor 8	Equipment C	o., Inc. is considered a loss pay	ieei Loa	ider, seriai n	O. IDW644KZ []	105	tass, value of \$3	880,000					
IVIL	ııpıı	y mactor o	c Equipment Co	o., inc. is considered a loss pay	ee with	respects to	specified equip	me	nt						
Ť	HIS	IS TO CERTI	FY THAT THE PO	DLICIES OF INSURANCE LISTED BEL	LOW HAV	E DEEN ICCITE	O TO THE INCLID	En	NAMED ABOVE FOR	THE DO	IOV BEBIOD				
- 11	NUIU	AIED. NOIV	NITHSTANDING A	NY REQUIREMENT TERM OR CON	IDITION O	OF ANY CONTR	PACT OR OTHER	DOC	LIMENT WITH DECD	FOT TO	WHICH THIS				
U	EKI	FICATE MAY	BE ISSUED OR	MAY PERTAIN, THE INSURANCE A UCH POLICIES, LIMITS SHOWN MAY HA	AFFORDFI	D BY THE PO	LICIES DESCRIBE	H	EREIN IS SUBJECT	TO ALL	THE TERMS,				
INSF			INSURANCE	POLICY NUMBER	POI	LICY EFFECTIVE	POLICY EXPIRATION		COVERED PROPERTY	1	LIMITS				
LTR	-			7 SEIGH HOMSEN	DAT	re (MM/DD/YYYY)	DATE (MM/DD/YYYY)	-			LIMITS				
	-	PROPERTY						_	BUILDING	\$					
	CA	USES OF LOSS	DEDUCTIBLES BUILDING	-			*		PERSONAL PROPERTY	\$					
		BASIC	DOILDING						BUSINESS INCOME	\$					
		BROAD	CONTENTS	-					EXTRA EXPENSE	\$					
		SPECIAL							RENTAL VALUE	\$					
		EARTHQUAKE		(8)					BLANKET BUILDING	\$					
		WIND							BLANKET PERS PROP	s					
		FLOOD							BLANKET BLDG & PP	\$					
		-						-		\$					
					- 1					\$					
A	X	INLAND MARIN	E	TYPE OF POLICY	7/:	1/2019	7/1/2020	X	Per Sched		57,292				
	CAL	ISES OF LOSS				5									
	\vdash	NAMED PERILS	3	POLICY NUMBER		3)		_		\$					
				NP-1920-5				-		\$					
		CRIME	***************************************		_			-		\$					
									O	\$					
	IYP	E OF POLICY		1					0	s co					
		BOILER & MAC	UINEDV /							\$					
	Ш	EQUIPMENT BE		1	1	1	ļ			s &==					
										3 0					
				1		1			II	s co					
				L					X Z	\$					
SPEC	IALC	ONDITIONS / OT	HER COVERAGES (A	CORD 101, Additional Remarks Schedule, may	y be attache	d if more space is	required)		Aea						
									Ć	is					
										N	1				
									49)	N					
											5.				
ノヒト	IIF	CATE HOL	DEK		C	CANCELLATI	ON								
						BUOLU D ANY	OF THE ABOVE DE	200	IDED DOLLOIDO DE GA						
			• 25.						IBED POLICIES BE CA TICE WILL BE DELIVE		BEFORE				
				uipment Co., Inc.		ACCORDANCE WITH THE POLICY PROVISIONS.									
			148th Street												
		Omaha	, NE 68138		A	AUTHORIZED REPRESENTATIVE									

Date Entered: 3/29/2019



CERTIFICATE OF LIABILITY INSURANCE

6/17/2019

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.

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).

		ortificate account	t domot ngmo	to the	OUIL	incate notaer in nea of 3									
PRODUCER NIRMA								CONTACT NAME:							
		8040 Eige	r Drive		//	3	PHONE [A/C, No. Ext): (402) 742-9220 FAX [A/C, No.]: (402) 742-9230								
		P.O. Box		4	()		E-MAIL ADDRE	ss: larry@r	irma.inf	Φ					
					V			IN	SURER(S) AFFO	RDING COVERAGE		NAIC#			
		Lincoln, 1					INSURER A: NE Intergovernmental Risk Mgmt.Assn. 53750								
INS	URED	Dodge Coun	ty			CO.	INSURER B:								
							INSURER C:								
1		435 N Park					INSURE	RD:							
		Fremont, N	E 68025				INSURE	RE:							
							INSURE	RF:							
CC	VER	AGES	CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER:					
II C	VDICA ERTI XCLL	ATED. NOTWITHST FICATE MAY BE IS	ANDING ANY RESUED OR MAY	equir Pert Poli	EMEN AIN, CIES.	RANCE LISTED BELOW HA' IT, TERM OR CONDITION ITHE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT OF THE POLICIES REDUCED BY I	OR OTHER DO DESCRIBED PAID CLAIMS.	DOUMENT WITH RESPECT	TO W	HICH THIS			
INSF		TYPE OF INSU	RANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	's				
Α	X	COMMERCIAL GENER								EACH OCCURRENCE	\$1,0	00,000			
		CLAIMS-MADE	OCCUR	X		ท-1920-5		7/1/2019	7/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
		1								MED EXP (Any one person)	\$	State reviews - Trans			
										PERSONAL & ADV INJURY	\$1,0	00,000			
	GEN	LAGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$				
		POLICY PRO-	LOC			,				PRODUCTS - COMP/OP AGG	\$				
		OTHER:	8								\$				
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$				
		ANY AUTO	→ VENANDO PROPERTINA PER							BODILY INJURY (Per person) \$					
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
			Lawrence Committee								\$				
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$				
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$				
		DED RETENTION	-								\$				
		KERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER					
	ANY F	PROPRIETOR/PARTNER/ CER/MEMBER EXCLUDE	EXECUTIVE	N/A			1	l		E.L. EACH ACCIDENT	\$				
	(Man	datory in NH) describe under	J. L.				1			E.L. DISEASE - EA EMPLOYEE	\$				
		RIPTION OF OPERATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$				
										0000	四四、川				
DESC	RIPTI	ON OF OPERATIONS / L	OCATIONS / VEHICL	ES (A	ORD 1	01, Additional Remarks Schedule	, may be a	attached if more s	pace is required)	om	eligina eligina				
										O HYW	CO .				
RF:	Rent	al Agreement N	lo. 126020 - 20	1191	ohn	Deere 644K Wheel Lo	ador se	erial no. 1D	M644K7TIF	○ 本 [1] 691955 value 6F 538(70	1			
						dered an additional ins									
		d equipment			011010	ici cu air addicional inc	area i	Title Teopeon	o to nomicy	8	1/3	-			
										1日	w				
CEF	RTIFI	CATE HOLDER					CANC	ELLATION							
Murphy Tractor & Equipment Co., Inc. 9751 S 148th Street Omaha, NE 68138								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														

ACORDO

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/29/2014

DATE (MM/DD/YYYY)

6/17/2019

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. 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). PRODUCER PHONE (A/G. 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 INSURER(S) AFFORDING COVERAGE NAIC# Lincoln, NE INSURER A: NE Intergovernmental Risk Mgmt. Assn. 53750 Dodge County INSURED INSURER B : INSURER C: 435 N Park INSURER D : Fremont, NE 68025 INSURER E : 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, ADDL SUBR INSD WVD INSR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS LTR \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR N-1920-5 7/1/2019 7/1/2020 MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED PROPERTY DAMAGE (Per accident) AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED **RETENTION \$** \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT C DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is considered an additional insured with respect to liability coverage associated with equipment used for county weed spraying operations CERTIFICATE HOLDER CANCELLATION 納 ist Papio-Missouri River NRD SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 8901 S 154th Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Omaha, NE 68138 ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE**



CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 6/15/2010

DATE (MM/DD/YYYY) 6/17/2019

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.

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).

PR	ODUCER	NIRMA				NAME:						
		8040 Eiger Drive	/	7		PHONE (A/C, No, Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230						
		P.O. Box 85210	4		•	E-MAIL ADDRE	_{SS:} larry@r	nirma, inf	0			W 128 VO
			1	/			IN	SURER(S) AFFO	RDING COVERAGE			NAIC#
		Lincoln, NE 68501		*		INSURE	RA: NE Inte	ergovernme	ntal Risk Mgm	nt.Ass	n.	53750
INS	URED	Dodge County		1000000	10.	INSURE						
					PL	INSURE			*			
		435 N Park										
		Fremont, NE 68025			4	INSURE						
						INSURE	enables v					
	VERA	GES CED	TIEI	CATE	MIMPED.	INSURE	RF:		DEMOCAL NUMBER	DED.		
		TO CERTIFY THAT THE POLICIES			NUMBER:	/E DEEN	LICCUED TO		REVISION NUMI		r polic	V PEDIOD
	NDICAT CERTIFI	ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY I IONS AND CONDITIONS OF SUCH	QUIR	emen Ain. 1	T, TERM OR CONDITION (THE INSURANCE AFFORDS	OF ANY	CONTRACT O	OR OTHER DO	CUMENT WITH R	ESPECT	TO W	HICH THIS
INSF	3	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMIT	·s	***************************************
A		OMMERCIAL GENERAL LIABILITY	INSO	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCUPEENCE			00,000
(TC)((ST) (1	N-1920-5	-	7/1/2019	7/1/2020	DAMAGE TO RENTED)	•	
	1	CLAIMS-MADE OCCUR			N-1920-3		,,1,2023	,,1,2020	PREMISES (Ea occurr	rence)	\$	
	-								MED EXP (Any one pe	rson)	\$	
	<u> </u>	-	İ						PERSONAL & ADV IN.	JURY	\$	
	GEN'L	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	
	P	OLICY PRO- JECT LOC							PRODUCTS - COMPIC	OP AGG	\$	
	0	THER:									\$	
	AUTON	MOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	TIMIT	\$	
	A	NY AUTO							BODILY INJURY (Per p	person)	\$	
		WNED SCHEDULED AUTOS				1			BODILY INJURY (Per a	accident)	\$	
	H	RED NON-OWNED AUTOS ONLY				Ì			PROPERTY DAMAGE (Per accident)	1	\$	
	1 1"	AUTOU ONE	,			Į			(Lei accident)		\$	
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE			
	E)	CLAIMS-MADE						ł	and other control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		\$	
		GEAIWS-WADE					1	}	AGGREGATE		\$	
		ED RETENTION \$ RS COMPENSATION			-70				PER	OTH-	\$	
	AND EM	PLOYERS' LIABILITY Y/N					1	}	STATUTE	ER		
	OFFICE	OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?	N/A					ŀ	E.L. EACH ACCIDENT		\$	
	(Mandai	ory in NH)				1	l	1	E.L. DISEASE - EA EM	PLOYEE	\$	
	DESCRI	PTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	\$	
	ĺ		1	- 1		ĺ	ŀ	1			20	
			1							0	CILL	
										(3. 16	Q329	
DESC	RIPTION	OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule	, may be a	ttached if more s	pace is required)		73	Comp	
											400,000	1
										Thi	00	J
									•	< ==	-0400000	1
									9	a m	JE.	
Иai	nstree	t of Fremont is considered a	n ad	lditio	nal insured for liabilit	y cover	age		¢.	The same		ļ
											Ď	
		A burn 1 a a burn								CO MVWAY Death	N G	
CEF	RTIFICA	ATE HOLDER				CANCE	ELLATION		**	273		
		Mainstreet of Fremont				ou ou	D AND OF T	HE ABOVE D	COODINED DOLLOIS			
		605 N Broad Street							ESCRIBED POLICIE REOF, NOTICE \			
		Fremont, NE 68025							PROVISIONS.		Mak	113
						AUTHORI	ZED REPRESENT	TATIVE	•			
									Jones (Ses	Con	
								6	//0		350	

Date Entered: 6/19/2019

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

6/19/2019 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. 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 NAME: 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 INSURER(S) AFFORDING COVERAGE INSURER A: NE Intergovernmental Risk Mgmt. Assn. Lincoln, NE 68501 53750 Dodge County INSURED 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ OCCUR CLAIMS-MADE PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 **AUTOMOBILE LIABILITY** 7/1/2019 N-1819-5 7/1/2018 BODILY INJURY (Per person) ANY AUTO A SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED BODILY INJURY (Per accident) AUTOS ONLY HIRED PROPERTY DAMAGE (Per accident) **AUTOS ONLY** s UMBRELLA LIAB EACH OCCURRENCE S OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICYLIMIT の合意 T) RECEIVED DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) AED OF RE: Demo of a 2019 Mack Granite Truck/Tractor, VIN no. 1M1GR4GY0KM002947, value of \$145,000 and a 2019 R=Way Dump Trailer, VIN no. 1K9XF42GXKL366149, value of \$54,000 RDO Truck Leasing, LLC is considered an additional insured with respects to liability coverage associated with specified equipment CANCELLATION CERTIFICATE HOLDER **RDO Truck Leasing, LLC** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE c/o Lockton Affinity, LLC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN P.O. Box 410679 ACCORDANCE WITH THE POLICY PROVISIONS. Kansas City, MO 64141-0679 AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

ACORD 25 (2016/03)

COR

A

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 6/19/2019

DATE (MM/DD/YYYY) 6/19/2019

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. 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 NAME: 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 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: NE Intergovernmental Risk Mgmt. Assn. Lincoln, NE 68501 53750 Dodge County INSURED 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE S DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea occurrence MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 AUTOMOBILE LIABILITY N-1920-5 7/1/2019 7/1/2020 BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY AUTOS ONLY 5 UMBRELLA LIAB EACH OCCURRENCE 5 OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ \$ DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY L!MIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Demo of a 2019 Mack Granite Truck/Tractor, VIN no. 1M1GR4GY0KM002947, value of \$145,000 and a 2019 R-Way Dump Trailer, VIN no. 1K9XF42GXKL366149, value of \$54,000 RDO Truck Leasing, LLC is considered an additional insured with respects to liability coverage associated with specified equipment CANCELLATION CERTIFICATE HOLDER **RDO Truck Leasing, LLC** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE c/o Lockton Affinity, LLC THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN P.O. Box 410679 ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Kansas City, MO 64141-0679



DATE (MM/DD/YYYY) 6/19/2019

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.

	EPR			ER, AND THE CERTIFICATE HOLD		JIE A CONTRA	ACI BETWEEN I	ınc	1550ING INS	OKEK	3), AU	THORIZED	
_	DUCE					CONTACT NAME:							
			Til Danil ser				402) 742-9220		F.	AX AVC, No): (402)	742-9230	
			Eiger Drive			E-MAIL ADDRESS: lari	ry@nirma.info	5					
		And the second second	Вож 85210	-01		PRODUCER CUSTOMER ID:			· ·				
		Pincol	ln, NE 68!	501			INSURER(S) AFFOR					NAIC#	
INSU	RED	Dodge	County			INSURER A : NE	Intergovernm	nen	tal Risk M	igmt.A	ssn.	53750	
						INSURER B:							
		435 N	Park			INSURER C:							
		Fremor	nt, NE 6802	25		INSURER D:							
						INSURER E:							
						INSURER F:	***						
		AGES		CERTIFICATE NUMBER: OPERTY (Attach ACORD 101, Additional Ren				RE	VISION NUMB	ER:			
Trai RDC Th	ler, 'D Tru	VIN no. 1K9 uck Leasing, s to CERTIFY TED. NOTWI	XF42GXKL36 LLC is consid THAT THE PO THSTANDING AN BE ISSUED OR ENDITIONS OF SU	te Truck/Tractor, VIN no. 1M1 6149, value of \$54,000 ered a loss payee with respect LICIES OF INSURANCE LISTED BEL NY REQUIREMENT, TERM OR CONT MAY PERTAIN, THE INSURANCE A ICH POLICIES, LIMITS SHOWN MAY HA	ts to s OW HADITION AFFORD AVE BEE	pecified equip	IMENT D TO THE INSURE ACT OR OTHER I	ED I	NAMED ABOVE UMENT WITH F EREIN IS SUBJE COVERED PROPER BUILDING PERSONAL PROF BUSINESS INCOM	FOR TH RESPECT ECT TO RTY	E POLI	ICY PERIOD VHICH THIS	
		BROAD SPECIAL EARTHQUAKE WIND FLOOD	CONTENTS						EXTRA EXPENSE RENTAL VALUE BLANKET BUILDIN BLANKET PERS F BLANKET BLDG 8	NG S	5		
		INLAND MARINE		TYPE OF POLICY						\$	\$		
	CAUS	SES OF LOSS								\$	3	61000	
		NAMED PERILS		POLICY NUMBER						\$			
		CRIME								\$			
		OF POLICY								\$	•		
										\$			
		BOILER & MACHI EQUIPMENT BRE						-		\$	<u> </u>		
		N 20 =				72.72.22	- /- /	$\overline{}$		\$			
A		tomobile		NP-1819-5	7	/1/2018	7/1/2019	X	See Above		ACV		
	Phy	ysical D	amage							\$	Dedu	ctible	
SPEC	IAL CC	ONDITIONS / OTH	ER COVERAGES (A	CORD 101, Additional Remarks Schedule, ma	y bo atta	aned If more space is	required)						
CEF	TIFI	CATE HOLD	ER			CANCELLATI	ON						
		RDO Tru c/o Lock	uck Leasing, L kton Affinity, k 410679		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								
			City, MO 641	41-0679		/ guy boler							



DATE (MM/DD/YYYY)

6/19/2019

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. CONTACT NAME: PRODUCER NIRMA NAME: PHONE (A/C, No, Ext): (402) 742-9220 E-MAIL ADDRESS: larry@nirma.info PRODUCER FAX (A/C, No): (402) 742-9230 8040 Eiger Drive P.O. Box 85210 CUSTOMER ID: Lincoln, NE 68501 INSURER(S) AFFORDING COVERAGE NAIC# INSURERA: NE Intergovernmental Risk Mgmt. Assn. 53750 INSURED Dodge County INSURER B : INSURER C: 435 N Park Fremont, NE 68025 INSURER D : INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:** LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Demo of a 2019 Mack Granite Truck/Tractor, VIN no. 1M1GR4GY0KM002947, value of \$145,000 and a 2019 R-Way Dump Trailer, VIN no. 1K9XF42GXKL366149, value of \$54,000 RDO Truck Leasing, LLC is considered a loss payee with respects to specified equipment 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 EFFECTIVE POLICY EXPIRATION INSR COVERED PROPERTY LIMITS TYPE OF INSURANCE POLICY NUMBER DATE (MM/DD/YYYY) DATE (MM/DD/YYYY LTR PROPERTY BUILDING CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY BUILDING BUSINESS INCOME BASIC BROAD EXTRA EXPENSE CONTENTS RENTAL VALUE SPECIAL \$ FARTHOUAKE BLANKET BUILDING WIND BLANKET PERS PROP BLANKET BLDG & PP FLOOD INLAND MARINE TYPE OF POLICY S CAUSES OF LOSS \$ NAMED PERILS POLICY NUMBER 8 CRIME \$ TYPE OF POLICY S **BOILER & MACHINERY /** \$ **EQUIPMENT BREAKDOWN** \$ACV NP-1920-5 7/1/2019 7/1/2020 Automobile See Above Physical Damage Deductible SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **RDO Truck Leasing, LLC** ACCORDANCE WITH THE POLICY PROVISIONS. c/o Lockton Affinity, LLC **AUTHORIZED REPRESENTATIVE** P.O. Box 410679 Kansas City, MO 64141-0679