Apends Item # 200 896 P. 2

ź	ACORD, CERTIFIC	E	DATE (MM/DD/YYY) 06/18/2019						
PRO	Scribner Insurance Ag PO Box K, 408 Main S Scribner, NE 68057		ONLY AN HOLDER. ALTER TH	D CONFERS NO THIS CERTIFICA HE COVERAGE A	UED AS A MATTER OF RIGHTS UPON THE CE TE DOES NOT AMEND FFORDED BY THE POI	INFORMATION RTIFICATE			
INSI	URED		•	INSURERS AFFORDING COVERAGE					
	Pebble Township % Ja	son Kreikemeier		INSURER A: Nebraska Bankers Ins & Service					
	Pebble Township 125 County Rd 8		101	INSURER C:					
	West Point, NE 68788		INSURER D:						
			INSURER E:						
T A N	DVERAGES THE POLICIES OF INSURANCE LISTED BEI MY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN M.	D BY THE POLICIES DESCRIBED	DOCUMENT WITH HEREIN IS SUBJEC D CLAIMS.	RESPECT TO WHIC OT TO ALL THE TER	H THIS CERTIFICATE MAY MS, EXCLUSIONS AND CO	DE LOCULED OF			
NSH LTR	R ADD'U L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	\$			
۸	GENERAL WABILITY	4D9-19-3920	04/18/2019	04/18/2020	EACH OCCURRENCE	\$ 1,000,000			
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR				PREMISES (Ee occurence)	\$ 300,000			
	CLAIMS MADE OCCUR				MED EXP (Any one person)	5,000			
					PERSONAL & ADV INJURY	s 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER;				PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000			
	POLICY PRO- JECT LOC				The section of the section is a section of the sect	* <u>2,000,000</u>			
A	AUTÓMOBILE LIABILITY  ANY AUTÓ	4E9-19-3920	04/18/2019	04/18/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS				BÓDILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE (Per accident)	s			
	GARAGE LIABILITY  ANY AUTO				AUTÓ ÓNLY - EA ACCIDENT	2			
	ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	\$			
	EXCESS/IJMBRELLA LIABILITY				EACH OCCURRENCE	Ş			
	OCCUR CLAIMS MADE				AGGREGATE	\$ \$			
	DEDUCTIBLE					s			
	RETENTION 5					5			
Α	WORKERS COMPENSATION AND	4H9-19-3920	04/18/2019	04/18/2020	WC STATU- OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$ 100,000			
	OFFICER/MEMBER EXCLUDED?				E.L. DISEASE • EA EMPLOYEE				
	If yes, describe under SPECIAL PROVISIONS below OTHER	- · · · · · · · · · · · · · · · · · · ·			E.L. DISEASE - POLICY LIMIT	\$ 500,000			
					ST. T.				
)E\$	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDEO BY ENDORSE	MENT / SPECIAL PROVI	ISIONS	9.1				
					in the second se				
					Z Q	co			
~	DTICIOA TO UAL APA		CANOELLAS	TION	<u>\$</u> B	177			
==	RTIFICATE HOLDER	AND THE REAL PROPERTY OF THE PARTY OF THE PA		CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
					15	AYS WRITTEN			
	Dodge County Hwy Dep	ot		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAN ANYS WRITTEN NOTICE TO THE CERTIPICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL					
	435 N Park Street, Roo		185 92 65 3965	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
	Fremont, NE 68025		REPRESENTATI	APPRESENTATIVES.					
			AUTHORIZED RE	PRESENTATIVE					
		ATT THE PARTY OF T	Moreny	1 herostow	- A A CONTRACT OF THE PARTY OF	(TAN)			

CAJO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2019

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to t	ne te	rms and conditions of the tificate holder in lieu of s	ne policy, certain p uch endorsement(s	olicies may	require an endorsemen	t. A 9	statement on				
	UCER	/	Name and Address of the Owner, where	3) 393-3447	CONTACT Maryel Martinez								
New Century Insurance Group, Inc					PHONE (A/C, No, Ext): 913-393-3447 FAX (A/C, No): 913-393-3647								
P.O E	3ox 3867		V	C-	E-MAIRESS: certs@ncig.net								
Olathe, KS 66063					INSURER(S) AFFORDING COVERAGE				NAIC#				
				COL	INSURER A : ACUITY A Mutual Insurance Con				14184				
Anchor Trucking Service PO BOX 2304					INSURER B : Sentry Select Insurance Company				21180				
					Endurance American Specialty Insurance Company INSURER C:				41718				
	Kansas City, KS 66102-				INSURER D: Praetorian Insurance Company				37257				
The second secon					INSURER E: Hartford Insurance Company				19682				
					INSURER F:								
COV	ERAGES CER	TIFI	CAT	E 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													
INI	DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY	=QUII PFR1	'AIN	:NT, TERM OR CONDITION THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	O ALL	THE TERMS.				
EX	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES	LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS			0 1/10/14/19 10/19/19/19/19/19/19/19/19/19/19/19/19/19/				
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s					
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000				
	CLAIMS-MADE X OCCUR	N	N	Z48324	6/30/2019	6/30/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000				
							MED EXP (Any one person)	\$	10,000				
							PERSONAL & ADV INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000				
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000				
	OTHER:							s					
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000				
	ANY AUTO		N	N A0107050001	6/30/2019	6/30/2020	BODILY INJURY (Per person)	\$					
1	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$					
								\$	0.000.000				
С	UMBRELLA LIAB X OCCUR		19797	EVEROOP 4004	0/00/0040	0/00/0000	EACH OCCURRENCE	\$	2,000,000				
L	( EXCESS LIAB CLAIMS-MADE N	N	N N	EXT30000694301	6/30/2019	6/30/2020	AGGREGATE	\$					
_	DED RETENTION \$		-				V DER OTH.	\$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		١	D0044 MD404250045C	5/10/2019	5/10/2020	X PER STATUTE OTH-		1,000,000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N N / (Mandatory in NH)		N	P0014-MP191358015C	3/10/2019	5/10/2020	E.L. EACH ACCIDENT	\$	1,000,000				
1	Mandatory in NH)  f yes, describe under						E.L. DISEASE - EA EMPLOYEE		1,000,000				
	DÉSCRIPTION OF OPERATIONS below			37 MS AQ3580	6/30/2019	6/30/2020	\$10,000 Deductible	\$ \$1	1,000,000 1,000,000 Limit				
200.00	Motor Truck Cargo Contingent Cargo	N	N	37 MS AQ3580	6/30/2019		\$10,000 Deductible		1,000,000 Limit 1,000,000 Limit				
E	Sontingent Cargo	N	N	37 W3 AQ3300	0/30/2019	0/30/2020	0		1,000,000 EIIIII				
							<u> </u>	cati					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	CORE	101, Additional Remarks Schedul	e, may be attached if more	space is requir	od)						
							9.6	N					
The state of the s													
SE P													
D N N N N N N N N N N N N N N N N N N N									*				
							O	N					
	TIELD ATE LIQUED				CANCELLATION			-					
CER	TIFICATE HOLDER		452										
							ESCRIBED POLICIES BE CA						

**Dodge County Highway Dept** 435 N Park

Fremont, NE 68025-

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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