a ■ ACORD<sub>™</sub>

Client#: 31173

## LUXSA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSPRO Insurance			CONTACT Lindsey Nelson						
spotomicum (Symon	//	7	PHONE (A/C, No, Ext): 402-941-1927	FAX (A/C, No): 402-7	721-2844				
P.O. Box			E-MAIL ADDRESS: Inelson@insproins.com	1 (***=3.7.=7.					
Fremont, NE 68026 402 721-9707		INSURER(S) AFFORDING C	OVERAGE	NAIC #					
		INSURER A : Employers Mutual Insurance	2/2	21415					
NSURED	TOTAL CONTROL		INSURER B:	210					
	Lux Sand & Gravel, Inc. P.O. Box 333		INSURER C: Agenda Item # -	17-19					
			INSURER D:	STORT THE PERSON NAMED IN POSSIBLE OF THE PERSON					
	North Bend, NE 68649-0333		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.											
INSF LTR	TYPE OF INSURANCE	INSR	DDL SUBR ISR WVD POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	χ COMMERCIAL GENERAL LIABILITY			3D25097	07/01/2019	07/01/2020	EACH OCCURRENCE	\$1,000,000			
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000			
1				2			MED EXP (Any one person)	\$5,000			
1				<sup>(2)</sup>			PERSONAL & ADV INJURY	\$1,000,000			
1	GEN'L AGGREGATE LIMIT APPLIES PER:				1		GENERAL AGGREGATE	\$2,000,000			
1	POLICY PRO- JECT LOC				1		PRODUCTS - COMP/OP AGG	\$2,000,000			
	OTHER:							\$			
Α	AUTOMOBILE LIABILITY			3E25097	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	X ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				ļ.		PROPERTY DAMAGE (Per accident)	\$			
	X Drive Oth Car							\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$							\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3H25097	07/01/2019	07/01/2020	PER OTH- STATUTE ER				
	ANY PROPRIETO LIPARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$100,000			
	(Mandatory in NH)	110 110					E.L. DISEASE - EA EMPLOYEE	\$100,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$500,000			
	*							3			
								8			
							<u> </u>	14			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
THE CONTRACTOR OF THE CONTRACT											
zm z											
							74.0				
						-	TYPE TON	ก			
CEF	CERTIFICATE HOLDER CANCELLATION										

Dodge County Highway Dept.

C/O Jean Andrews-Dodge County

Courthouse

Fremont, NE 68025

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

Ronlard L. Eikming