

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2019

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).

this certificate does not confer rights	o the	certi	ficate holder in lieu of su				- an one of our office of	otatomont	0.11	
PRODUCER CONTACT NAME: Katie Bohrer										
Dodge Partners Insurance, LLC					PHONE (A/C, No, Ext): (402) 938-5016 FAX (A/C, No): (402) 938-5090					
8701 W Dodge Rd, Suite 100					E-MAIL KBohrer@DodgePartners.com					
	(	de la constitución de la constit	3	ADDI		USURER(S) A EEC	RDING COVERAGE	en en	NAIC #	
Omaha  INSURED  Omaha  Omaha  INSURED					INSURER A: EMC Insurance Companies				NAIC# 21415	
INSURED					INSURER B : Accident Fund General Insurance Company				12304	
SEARS MFG. HOMES, INC.									38628	
PO BOX 27844					11 0019				30020	
					INSURER D:					
RALSTON NE 68127-0844				INSURER E:						
WANTED AND AND AND AND AND AND AND AND AND AN					INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL19102800241 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.										
NSR LTR TYPE OF INSURANCE	ADD	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
COMMERCIAL GENERAL LIABILITY	11101	1100	, care i Hombelt		(MINIDOLLITT)	(WINIDONTTTY)			0,000	
CLAIMS-MADE X OCCUR	1						DAMAGE TO RENTED	500		
,							PREMISES (Ea occurrence)	40.0		
A -	-1		5D37855		11/22/2019	11/22/2020	MED EXP (Any one person)	4.00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						THEELEGEG	PERSONAL & ADV INJURY	2.00	M	
PRO-							GENERAL AGGREGATE	2.00	0,000	
300000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		İ				8	PRODUCTS - COMP/OP AG	φ .	0,000	
OTHER: AUTOMOBILE LIABILITY	-				-		COMBINED SINGLE LIMIT	\$	2000	
. × ANY AUTO	l						(Ea accident)	\$ 1,000	7,000	
A OWNED SCHEDULED			5E37855		11/22/2019	44/00/0000	BODILY INJURY (Per person		\$	
AUTOS ONLY AUTOS NON-OWNED			0007000		11/22/2019	11/22/2020	BODILY INJURY (Per accide PROPERTY DAMAGE	20 00		
AUTOS ONLY AUTOS ONLY					/		(Per accident)	\$		
UMBRELLA LIAB COCCUR	-						UNIN/UIN motorist	\$ 1,000	,000	
UCCUR OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	-				1		AGGREGATE	\$		
DED   RETENTION \$   WORKERS COMPENSATION								\$		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						11/22/2020	PER OTH STATUTE ER		1	
			WCV6174805		11/22/2019		E.L. EACH ACCIDENT	\$ 500,0	\$ 500,000	
							E.L. DISEASE - EA EMPLOY	LL   4		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$ 500,0	00	
Builder's Risk - Installation Floater					22		Limit	\$150,	000	
A			5C37855		11/22/2019	11/22/2020	Deductible	\$500		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Progressive Northern Insurance, Policy #08335963-0, Effective 11/22/19 - 11/22/20: Toter Liability- \$1,000,000 & Motor Truck Cargo Legal Liability- \$75,000 mit, \$1,000 deductible										
ERTIFICATE HOLDER	CANC	CANCELLATION								
Dodge County 435 N Park				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DETIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
AUTHORIZED REPRESENTATIVE										
Fremont			NE 68025			200	and the same of th	AND .	1	