ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2019

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).

-	_	certificate does not confer any rig	hts t	o the	certificate holder in lieu c								
PRODUCER						CONTACT Melissa Knobbe							
INSPRO Insurance						PHONE (A/C, No, Ext): 402 372 2139 FAX (A/C, No): 402 372					72 2237		
P.O. Box 259							E-MAIL ADDRESS: mknobbe@insproins.com						
West Point, NE 68788						INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#	
West Point, NE 68788 402 372-2139											14184		
						INSURER B:							
Stalp Gravel Inc. Stalp Trucking Inc						INSURER C:							
1598 River Road						INSURER D:				0 05	-		
West Point, NE 68788						INSURER E:				,			
							INSURER F:						
COVERAGES CERTIFICATE NUMBER:									REVISION NUM	BER:			
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.													
INSI	INSR LTR TYPE OF INSURANCE A			DL SUBR R WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		rs		
Α		COMMERCIAL GENERAL LIABILITY			F27571				EACH OCCURRENCE .		\$1,000	0,000	
		CLAIMS-MADE X OCCUR			The factor of the state of the				DAMAGE TO DENTED		\$100.0	000	
									MED EXP (Any one		\$5,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV I			0,000	
	GE								GENERAL AGGREG			,000	
		POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$2,000	,000	
		OTHER:					1 8			\$			
Α	AU	AUTOMOBILE LIABILITY			F27571		12/01/2019	12/01/2020	COMBINED SINGLE (Ea accident)	LE LIMIT \$1,000		,000	
	Х	ANY AUTO							BODILY INJURY (Pe	The second secon	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$		
											\$		
Α	X	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			F27571		12/01/2019	12/01/2020	EACH OCCURRENCE		\$10,00	0,000	
									AGGREGATE		\$10,00	0,000	
		DED X RETENTION \$10000									\$		
Α		RKERS COMPENSATION DEMPLOYERS' LIABILITY			F27571		12/01/2019	12/01/2020	X PER STATUTE	OTH- ER			
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDEN	IT	\$100,0	00	
	(Mai	ndatory in NH)	11,7,7			.			E.L. DISEASE - EA E	MPLOYEE	\$100,0	00	
	DES	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$500		\$500,0		
										i)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
												(6)	
										N	番つ		
									- (THE W		
										90 -	80 C		
CE	RTIF	ICATE HOLDER		CANC	ELLATION			TIII .	N				
									The second secon				

Dodge County Highway Department Courthouse - 435 N. Park Fremont, NE 68025 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN ELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Rick S. Wimer

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