

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2019

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 ti	SUBROGATION IS WAIVED, subject nis certificate does not confer rights	t to t	he te e cert	rms and conditions of the	ne polic uch en	cy, certain po dorsement/s	olicies may	require an endorsement	. A sta	atement on		
PRO	DUCER		0 0011	industrial in hou or or	CONTACT John Dunker							
The Harry A Koch Co of Lincoln						PHONE (A/C, No, Ext): 402-435-7100 (A/C, No):						
233 S 13th Street Suite 1650						(A/C, No, Ext): 402-433-7100   (A/C, No): E-MAIL ADDRESS: john.dunker@hakco.com						
Lincoln NE 68508-NE												
remark.					INSURER(S) AFFORDING COVERAGE INSURER A: BITCO General Insurance Corp					20095		
INSL	IRED		(	JJK28860		20033						
JJK Construction LLC						INSURER B:						
6700 Little Salt Rd Ceresco NE 68017						INSURER C: INSURER D:						
Ceresco NE 60017						INSURER E :						
						INSURER F:						
co	COVERAGES CERTIFICATE NUMBER: 2146267898 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.										HE TERMS,		
INSR LTR		ADDI	SUBR	est out made in our and resident in 1990, a three to		POLICY EFF (MM/DD/YYYY)						
A	X COMMERCIAL GENERAL LIABILITY	INCO HVD		CLP3688903		12/17/2019	12/17/2020	EACH OCCURRENCE	100			
3498	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 30000			
	X 1000							MED EXP (Any one person)	\$ 10000			
	1000							PERSONAL & ADV INJURY	\$10000	Acid o		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 20000	-38		
	POLICY X PRO- LOC								\$ 20000			
	OTHER:						1	THOUSEN COMMITTEE THE	\$			
Α	AUTOMOBILE LIABILITY			CAP3688904		12/17/2019	12/17/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 10000	00		
	X ANY AUTO								\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
1	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS ONET								\$			
Α	UMBRELLA LIAB OCCUR			CUP2817521		12/17/2019	12/17/2020	EACH OCCURRENCE	\$ 20000	00		
	X EXCESS LIAB CLAIMS-MADE			9				AGGREGATE	\$ 20000	00		
	DED X RETENTION \$ 10000								\$			
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC3688902		12/17/2019	12/17/2020	X PER OTH-				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N							\$ 10000	00		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ 10000	00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 10000	00		
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC			101, Additional Remarks Schedul	le, may b	e attached if more	space is require	ed)				
	ect: County Road C – Structure No. Co lge County is primary, non contributory			insured for general liability.	includi	ng ongoing ar	nd products &	completed operations, if	require	d by written		
con	tract executed prior to loss. Primary & r	onco	ntribu	tory status is governed by	the terr	ns & condition	ns of the insu	rance policies of all parties	s to the	contract.		
Wa	lge County is additional insured for auto ver of Subrogation applies for general I	mob abilit	y, aut	equired by written contract omobile, and workers' com	pensat	ion if required	s. by written co	ntract executed rior to	SS.			
CHARACTER CONTRACTOR AND												
P P E												
CEF	RTIFICATE HOLDER				CANCELLATION							
III 6												
Dodge County Highway Department						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
						ORDANCE WIT	TH THE POLIC	V DDOWIEIONE				
						ACCORDANCE WITH THE POLICY PROVISIONS.						
435 N. Þark, Rm. 204 Fremont NE 68025-4977						RIZED REPRESEN		3	2			
	FIGHIORE NE 00020-4977				1 millione							

## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 .							CONTACT Brindy Lawver						
Ryder-Rosacker-McCue & Huston							PHONE (AIC, No, Ext): (308) 382-2330 or (800) 658-4200 FAX (AIC, No): (308) 382-7109						
509 W. Koenig St.							E-MAIL ADDRESS: blawver@ryderinsurance.com						
G	and	Island NE 68801				PRODUCER CUSTOMER ID #: 4243							
					COPY			SURER(S) AFFO	RDING COVERAGE		NAIC # .		
INS	URED				INSUR								
St	Straight-Line Striping Inc						INSURER B:						
35	3543 Farmstead Road						INSURER C:						
Grand Island NE 68801						INSURER D:							
							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.										WHICH THIS			
INSI	3	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
		NERAL LIABILITY				, odor Komperk		(MINIOSITITI)	EACH OCCURRENCE \$1,000,00		,000		
Α	X	COMMERCIAL GENERAL LIABILITY			5D59120		01-01-2020	01-01-2021	DAMAGE TO RENTED \$500,0		00		
		CLAIMS-MADE X OCCUR							MED EXP (Any one pers	E 000			
									PERSONAL & ADV INJI	URY \$1,000	,000		
							*		GENERAL AGGREGAT	£ \$2,000	,000		
	GE	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OR	PAGG \$2,000	,000		
	-	POLICY X PRO-								\$			
		TOMOBILE LIABILITY			5E59120		01-01-2020	04 04 2024	COMBINED SINGLE LIN (Ea accident)	міт <b>\$1,000</b> ,	000		
Α	X	ANY AUTO			3E39120		01-01-2020	01-01-2021	BODILY INJURY (Per pe	erson) \$			
	-	ALL OWNED AUTOS							BODILY INJURY (Per ac	ccident \$			
	-	SCHEDULED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
		HIRED AUTOS			7				(i el accident)	\$.			
		NON-OWNED AUTOS								s	19		
	X	UMBRELLA LIAB X OCCUR						-	EACH OCCUPRENCE	\$1,000,	000		
۸	^_	- Second			5J59120		01-01-2020	01-01-2021	EACH OCCURRENCE	\$1,000,			
Α		OLYMVIO WINDL			0000120		01-01-2020	01 01 2021	AGGREGATE		000		
	X	DEDUCTIBLE RETENTION .\$ -0-				1				\$			
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		+					X WC STATU-	OTH- ER			
	AND				5H59120		01-01-2020	01-01-2021		579 51 50	s 500,000		
	OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			01100120		01-01-2020		E.L. EACH ACCIDENT  E.L. DISEASE - EA EMP		1		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below												
٨	1				5C59120	-	01-01-2020	01-01-2021	E.L. DISEASE - POLICY \$25,000 Per Item	LIMIT[ \$ 300,00			
Α	Lea	ased or Rented Equipment			3033120		01-01-2020	01-01-2021					
	DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  O  O  O  O  O  O  O  O  O  O  O  O  O												
CERTIFICATE HOLDER CA						CANC	ELLATION		<u></u>				
				1				454	100				

V MIKLOMONIZ

THE EXPIRATION DATE THEREOF, NOTICE WILL ACCORDANCE WITH THE POLICY PROVISIONS.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAMCELLED BEFORE

B DELIVERED IN

<KF>

**Dodge County** 

Attn: Highway Dept. 435 N Park, Room 204

Fremont, NE 68025

AUTHORIZED REPRESENTATIVE