MMUNSTERMAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/12/2019

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.

ŀ	If SUBROGATION IS WAIVED, subjectives conferrights	ect to	the	terms and conditions of	f the po	olicy, certain	policies may	require an endorsemer	nt. As	tatement on	
PRODUCER Maguire Agency						CONTACT Melissa Munsterman PHONE (A/C, No, Ext): (651) 635-2764 FAX (A/C, No): (651) 638-9762					
	<u></u>	11	>		ADDIKE			RDING COVERAGE		NAIC#	
		17			INSURI	ER A : Nova C				42552	
INSURED Hornbacher House Moving, Inc. 825 Academy York, NE 68467						ERB:	dodding oo	puilj		1.202	
						INSURER C: Amorning River 44 77					
						INSURER D :					
						ERE:	Dat	3/27/19			
						ERF:		and the same of the same of	CV T SOMEON		
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
T II	THIS IS TO CERTIFY THAT THE POLICY NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	IES C REQU PER POLI	F INSTREMENTAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	TO THE INSUI CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	WHICH THIS	
INSF LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α		1						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			MSMML10000080		4/1/2019	4/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000 5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	OTHER:	-	<u> </u>					COMBINED SINGLE LIMIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO			MSMML10000080		4/1/2019	4/1/2020	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							LDED LOTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
						En 19		E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below	_				4/4/0040	4/4/0000		\$	405.000	
A	Cargo			MSMML10000080		4/1/2019	4/1/2020	ACV (\$2,500 Ded.)		125,000	
DES	CCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir		 '9		
	•							o o	71119 MAR 19		
CERTIFICATE HOLDER						SANGELLATION S.M. T					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Dodge County Highway Dept Courthouse 435 North Park						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fremont, NE 68025						AUTHORIZED REPRESENTATIVE					
		Wend I day									