	_Apr. 10. 2020 9:42AM							No. 7657	P 1	
	나 그림과 그 경기를 내고싶다고 그렇게 있다. 그리고 얼마나 얼마나 하는 것이 그 바다 모든 아니다.	ER	TIF	ICATE OF LIAI	BILI	TY INSU	JRANC	TANKSON I PARESTOLISA III	- DATE (	(MM/DD/YYYY)
					s established		100 190 <del>0</del> /1000 0 1000	ALCON .		10/2020
	HIS CERTIFICATE IS ISSUED AS A MA									ř
_ BI	ERTIFICATE 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									
	EPRESENTATIVE OR PRODUCER, AN							DOGATION IS MANUED		
	IPORTANT: If the certificate holder is e terms and conditions of the policy,									
	artificate holder in lieu of such endors								<b>,</b>	
	DUCER					CT House a		Later		
	nson Insurance and Real Est	ate			PHONE (A/C, N	o, Ext); (402)	664-3500	(A/C, No):	(402) 664	-3415
	Main Street			C	E-MAIL ADDRE	591				
E Section	. Box 408	^F7	<b>^</b> 4 ^ 6					RDING COVERAGE		NAIC #
SCT Insui		057-	0408	<b>70</b> ,		RA; EMC In	surance Co	ompanies		
	rett Township				INSUR		Agand	- 11		
	Erickson & Brooks				INSURE			a Item #	224	
1.5	. Box 1270				INSURE		Date	4/22/30		
		026			INSURE			1/22/20		
		RTIFIC	CATE	NUMBER:CL16520017	-	.Kr.		REVISION NUMBER:		~
Ϋ́F	IIS IS TO CERTIFY THAT THE POLICIES O	F INSU	JRAN	CE LISTED BELOW HAVE BEE	EN ISSU			DABOVE FOR THE POLICY		
	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER									
	CLUSIONS AND CONDITIONS OF SUCH I	OLIC	ES. L	IMITS SHOWN MAY HAVE BE				IS SUBJECT TO ALL THE TE	.ruvio,	
N5R LTR	TYPE OF INSURANCE	ADDL	5UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs	
	X COMMERCIAL GENERAL LIABILITY	T		0				EACH OCCURRENCE	3	1,000,000
A	CLAIMS-MADE > OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
ļ				2x4 96 14		4/17/2020	4/17/2021	MEO EXP (Any one person)	S	5,000
	No. of the second secon							PERŞONAL & ADV INJURY	s	1,000,000
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	5	2,000,000
	Y POLICY PRO-							PRODUCTS - COMP/OP AGG	3	2,000,000
_	OTHER:					1		COMBINED SINGLE LIMIT	\$	
ļ	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
A	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	S	
-	AUTOS AUTOS NON-OWNED			2X4 96 14		4/17/2020	4/17/2021	PROPERTY DAMAGE	S	
-	HIRED AUTOS AUTOS					-		PROPERTY DAMAGE (Per eccident)	5	
-	UMPRELLALIAR	-		AUG. 2011						
-	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS, MADE							EACH OCCURRENCE	\$	
		1					}	AGGREGATE	S	
-	DED RETENTION S WORKERS COMPENSATION							oc PER OTH-	\$	**********
	AND EMPLOYERS' LIABILITY Y/N							E.L. EACH ACCIDENT		F00 000
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A		274 96 14		4/17/2020	020 4/17/2021	E.L. DISEASE - EA EMPLOYEE	S	500,000
Season (	(Mandatory in Kir) If yee, describe under DESCRIPTION OF OPERATIONS below					1.151	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E.L DISEASE - POLICY LIMIT	5	500,000
$\neg$	DEGOMPTION OF CIVETNOTION		******				•			5507000
1										
ESC	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
								(b)-		
	K ± 0							60 TI	P	4
								O H	ž	
								<b>O</b> (')	dry ment	1

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES IT CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DESIVERED NOTICE WILL BE DESIV

A	CORD
1	COME

## Agenda Item #

## CERTIFICATE OF LIABILITY

DATE (MM/DD/YYYY) 04/07/2020

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).

Scribner Insurance Agency PO Box K, 408 Main Street Scribner, NE 68057

INSURED

Webster Township Dan Harms 374 County Rd 3 Dodge, NE 68633

CONTACT NAME:	Laura Winburn						
PHONE (A/C, No, Ext):	FAX (A/C, No): 402-664-2749						
E-MAIL ADDRESS:	laura@scribnerins.com						
	INSURER(S) AFFORDING C	OVERAGE NAIC #					
INSURER A:	Jones Insurance Ag	ency Inc					
INSURER B:							
INSURER C:							
INSURER D:							
INSURER E:							
INCLIDED E							

COVERAGES	CERTIFICATE NUMBER:	00003666-75328	REVISION NUMBER:	4
THIS IS TO CERTIFY THAT	THE POLICIES OF INSURANCE LISTED E	BELOW HAVE BEEN	ISSUED TO THE INSURED NAMED ABOVE FOR THE PC	LICY PERIOD
INDICATED. NOTWITHSTA	NDING ANY REQUIREMENT, TERM OR C	CONDITION OF ANY	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO	WHICH THIS
CERTIFICATE MAY BE ISSU	UED OR MAY PERTAIN, THE INSURANCE	AFFORDED BY THE	E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	HE TERMS,
EXCLUSIONS AND CONDIT	FIONS OF SUCH POLICIES. LIMITS SHOW	VN MAY HAVE BEEN	REDUCED BY PAID CLAIMS.	

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY			PEP 3127471-24	05/15/2020	05/15/2021	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			PEP 3127471-24	05/15/2020	05/15/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO					-	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						LDED LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y   N			WCA3127472-24	05/15/2020	05/15/2021	X PER STATUTE OTH-		
- 5	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	100,000
22	(Mandatory in NH)	14		A R R R R R R R R R R R R R R R R R R R	2 24		E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule, may b	e attached if more	e space is require	odge Co Hyw	70 A	
CER	RTIFICATE HOLDER			CANC	ELLATION	585 °** 55	<b>9</b> U	) —	

**Dodge County Highway Department Dodge County Courthouse** 435 N Park. RM 204 Fremont, NE 68025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED TO ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/16/2020

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).

PRODUCER The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279	let rights to the certificate floride; in field of st	CONTACT NAME: PHONE (A/C, No, Ext): 402-861-7000 E-MAIL ADDRESS; michelle.schrilla@hakco.com	
Official NE 00143-0273	·O <sub>^</sub>	INSURER(S) AFFORDING COVERAGE .	NAIC#
	FRO55411	INSURER A : Addison Insurance Company	10324
Frost FiberTech, Inc.	PR055411	INSURER B: Agenda Item # 25	,
12114 County Road 25 Blair NE 68008		INSURER D: Date	2
	22	INSURER E:	
		INSURER F:	
COVEDACES	CEDTIFICATE NUMBER: 20/46670627	REVISION NUMBER:	

COVERAGES CERTIFICATE NUMBER: 2046670627

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.

INSR LTR	NSR LTR TYPE OF INSURANCE		ADDL	DLISUBR SD WVD POLICY NUMBER (		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	Х	COMMERCIAL GENERAL LIABILITY			60445828	4/28/2020	4/28/2021	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
	Х	X C U not exclud						PERSONAL & ADV INJURY	\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
A	AU	TOMOBILE LIABILITY			60445828	4/28/2020	4/28/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
	1000	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
		AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY AUTOS ONLY						() or desidently	\$
A	Х	UMBRELLA LIAB X OCCUR			60445828	4/28/2020	4/28/2021	EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE			2			AGGREGATE	\$ 2,000,000
		DED X RETENTION \$ 0							\$
Α		RKERS COMPENSATION			60445828	4/28/2020	4/28/2021	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLITE LIMIT	<b>№</b> ,000,000
	DEC	Oral Herrie						0	120
								0,0	P
								OH OH	PR
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed) 💇 🔿	5
Pro	ject	: Ridgely Township Road 12 Betw	een	J/K				¥!!	0.
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								₩ 🗗	
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								CO.	-
			20					16-64	ST 200 C.

CERTIFICATE HOLDER	CANCELLATION					
Dodge County Road Dept.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
435 N Park Fremont NE 68025	AUTHORIZED REPRESENTATIVE					

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