

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 5/26/2020 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 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). CONTACT Karleen Meyer PRODUCER PHONE (A/C, No, Ext); (402) 664-3500 E-MAIL Swanson Insurance and Real Estate FAX (A/C, No): (402) 664-3415 505 Main Street ADDRESS: P.O. Box 408 INSURER(S) AFFORDING COVERAGE NAIC # Scribner 68057-0408 NE INSURER A: EMC Insurance Companies INSURED INSURER B: Eveland Supply Co., Inc. INSURER C: Agenda Item # 710 County Road 14 INSURER D: INSURER E: Scribner 68057 INSURER F: **COVERAGES** CERTIFICATE NUMBER: CL1652300217 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR 300,000 A PREMISES (Ea occurrence) 8X6 16 83 5/15/2020 5/15/2021 MED EXP (Any one person) S PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE x POLICY 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 1,000,000 (Ea accident) BODILY INJURY (Per person) ANY AUTO A SCHEDULED ALL OWNED x 8X6 16 83 05/15/2020 05/15/2021 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) x x \$ HIRED AUTOS **AUTOS** \$ UMBRELLA LIAB **OCCUR** EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION x STATUTE AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 8x6 16 83 05/15/2020 05/15/2021 E.L. EACH ACCIDENT 500,000 NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
Dodge County Highway Department 435 N. Park Fremont, NE 68025	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
FIGMORE, NE 00025	AUTHORIZED REPRESENTATIVE				
	Karleen Meyer/KKM Yangan Meyel 2				

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Agenda Item # CERTIFICATE OF LIABILITY INSURANCE 6/17

06/02/2020

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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 corner rights to the certificate holder in field of such endorsement(s).				
PRODUCER		CONTACT Mary Kent		
UNICO Group, Inc.		PHONE (A/C, No, Ext): (402) 434-7200 FAX (A/C,	No): (402) 434-7272	
1128 Lincoln Mall		E-MAIL ADDRESS: mkent@unicogroup.com		
Suite 200		INSURER(S) AFFORDING COVERAGE	NAIC#	
Lincoln	NE 68508	INSURER A: Travelers Indemnity Company	25658	
INSURED		INSURER B: Travelers Property Casualty of America	25674	
Constructors Inc.		INSURER C: Markel American Insurance Co.		
1815 Y Street		INSURER D: Phoenix Insurance Co	25623	
PO Box 80268		INSURER E:		
Lincoln	NE 68508	INSURER F:		
COVERACES CERTIFICATE NUM	DED: 20/21 Constru	uctors Inc. PEVISION NUMBER		

CO	ERAGES CER	TIFIC	ATE	NUMBER: 20/21 Constructors inc	3		REVISION NUMBER:	
	IIS IS TO CERTIFY THAT THE POLICIES OF I							
	DICATED. NOTWITHSTANDING ANY REQUI							
	ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PO						UBJECT TO ALL THE TERMS	•
		IADDL			POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		100.5				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
Α				VTC2KCO161762A20	06/01/2020	06/01/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
В	OWNED SCHEDULED AUTOS ONLY			VTC2JCAP161D763120	06/01/2020	06/01/2021	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000,000
С	➤ EXCESS LIAB CLAIMS-MADE			MKLM4EUL100643	06/01/2020	06/01/2021	AGGREGATE	\$ 10,000,000
	DED RETENTION \$						N	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						➤ PER OTH-	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		UB0R1797932025D	06/01/2020	06/01/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)			11			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Dead Timber - Road B. County Road B, East of NE Highway 275. The General Liability and Business Auto Liability policies include blanket automatic additional insured endorsements that provide additional insured status including completed operations only when there is a written contract between the named insured and the certificate holder/entity (ies) that require such status prior to a loss but only to the extent that injury and/or imperty damage arise out of or is caused by the named insured. The General Liability, Auto & Workers Compensation policies include waiver of subrogramments as required by written contract with the named insured prior to a loss.

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CERTIFICATE HOLDER		CANCELLATION £ m =
Dodge County Highway Department 435 N Park		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES OF CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE ELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
435 N Park		AUTHORIZED REPRESENTATIVE
FM 204)
Fremont	NE 68025	Thomas Champon