



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2020

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 NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:		
	PHONE (A/C, No, Ext): (402) 742-9220	FAX (A/C, No): (402) 742-9230	
	E-MAIL ADDRESS: larry@nirma.info		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NE Intergovernmental Risk Mgmt. Assn.		53750
INSURED Dodge County  435 N Park Fremont, NE 68025	INSURER B:		
	INSURER C:		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		N-2021-5	7/1/2020	7/1/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		N-2021-5	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: Rented/leased vehicles  
RDO Truck Leasing, LLC is considered an additional insured with respects to liability coverage associated with rented/leased vehicles for the duration of the Insured's legal interest in the property. The Insured's coverage document will comply with the terms CA2001.

RECEIVED  
Dodge County  
2020 JUL 31 PM 4:11

CERTIFICATE HOLDER RDO Truck Leasing, LLC c/o Lockton Affinity, LLC P.O. Box 410679 Kansas City, MO 64141-0679	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY)  
07/31/2020

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PRODUCER NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(402) 742-9220	FAX (A/C, No): (402) 742-9230
	E-MAIL ADDRESS:	larry@nirma.info	
	PRODUCER CUSTOMER ID:		
INSURED Dodge County  435 N Park Fremont, NE 68025	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	NE Intergovernmental Risk Mgmt. Assn.	53750
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES \_\_\_\_\_ CERTIFICATE NUMBER: \_\_\_\_\_ REVISION NUMBER: \_\_\_\_\_

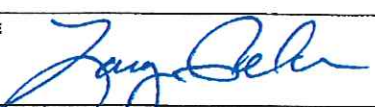
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Rented/leased vehicles - \$1,000 Deductible  
RDO Truck Leasing, LLC is considered a loss payee with respects to rented/leased vehicles for the duration of the Insured's legal interest in the property. The Insured's coverage document will comply with the terms of CA2001.

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC				BUSINESS INCOME	\$
	BROAD				EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> Per Schedule	\$5,082,997
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
		NP-2021-5				\$
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
A	Automobile Physical Damage	NP-2021-5	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> See Above	\$ACV \$Deductible

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  RDO Truck Leasing, LLC c/o Lockton Affinity, LLC P.O. Box 410679 Kansas City, MO 64141-0679	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/30/2020

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<b>PRODUCER</b> DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	<b>CONTACT NAME:</b> DEBBIE HOLSTINE
	<b>PHONE (A/C, No, Ext):</b> 713-490-4679
<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> IRONSHORE SPECIALTY INSURANCE COMPANY	
<b>INSURER B:</b> EVEREST DENALI INSURANCE COMPANY	
<b>INSURER C:</b> SELECTIVE INS CO OF SOUTH CAROLINA	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED**  
 ADVANCED CORRECTIONAL HEALTHCARE  
 3922 W. BARING TRACE  
 PEORIA, IL 61615-2500

COPY

Courtney

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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S 241296401	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS – COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFITS \$ N/A
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			S 241296401	08/01/2020	08/01/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
C	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE			S 241296401	08/01/2020	08/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under Y/N DESCRIPTION OF OPERATIONS below		N/A	8600001093-201	08/01/2020	08/01/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE – EA EMPLOYEE \$ 1,000,000 E.L. DISEASE – POLICY LIMIT \$ 1,000,000
A	MEDICAL PROFESSIONAL LIABILITY INCLUDING CIVIL RIGHTS – CLAIMS MADE			004150701	08/01/2020	08/01/2021	\$ 1,000,000 EACH MEDICAL INCIDENT \$ 5,000,000 AGGREGATE \$ 10,000,000 TOTAL POLICY AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 DODGE COUNTY, NE AND THE SHERIFF OF DODGE COUNTY, NE ARE INCLUDED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY COVERAGE IF REQUIRED BY WRITTEN CONTRACT. COVERAGE APPLIES TO EACH OPERATIONS IN CORRECTIONAL FACILITIES ONLY.

RECEIVED  
 2020 JUL 31 PM 2:05  
 Dodge County Highway Dept

<b>CERTIFICATE HOLDER</b>  DODGE COUNTY JAIL 428 N. BROAD ST. FREMONT, NE 68025	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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