## Agenda Item #



## CERTIFICATE OF LIABILITY INSURA

DATE (MM/DD/YYYY) 08/14/2020

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/liv

If SUBROGATION IS WAIVED, subject this certificate does not confer rights	to the te	erms	and conditions of the po	licy, ce	rtain policies	may require	an endorsemen	t. A state	ment o	n	
RODUCER				CONTA NAME:		llito			-		
UNICO Group, Inc.					PHONE (402) 434-7272						
1128 Lincoln Mall					PHONE (A/C, No, Ext): (402) 434-7200 FAX (A/C, No): (402) 434-7272 E-MAIL ADDRESS: dvirgillito@unicogroup.com						
Suite 200			19	ADDRE			ST-125			- 1 you was a reserve	
					INSURER(S) AFFORDING COVERAGE NAIC #						
Lincoln NE 68508 NSURED					INSURER A: United Fire & Casualty 130						
And the second s					INSURER B:						
Kohl Construction Inc					INSURER C:						
959 Road 15					INSURER D:						
		INSURER E:									
Schuyler			NE 68661	INSURE	RF:						
			NUMBER: 20/21 gl,au,w				REVISION NUMI	BER:			
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH F	JIREMEN TAIN, TH OLICIES	NT, TE IE INS 3. LIMI	RM OR CONDITION OF ANY URANCE AFFORDED BY TH	CONTRA E POLICA	ACT OR OTHER IES DESCRIBE ED BY PAID CI	R DOCUMENT ' D HEREIN IS S LAIMS.	WITH RESPECT TO	WHICH TH	DD IS		
R TYPE OF INSURANCE	ADDL S INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E S	1,000	,000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rrence)	100,0	00	
							MED EXP (Any one p		5,000		
			60518681		08/24/2020	08/24/2021	PERSONAL & ADV IN		1,000	,000	
GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		2,000	,000	
POLICY X PRO- JECT LOC							PRODUCTS - COMP		2.000	,000	
OTHER:							THOUSE OF COMIT	S S			
AUTOMOBILE LIABILITY							COMBINED SINGLE		1,000	.000	
X ANY AUTO		- 1					(Ea accident) BODILY INJURY (Per			1000	
OWNED SCHEDULED			60518681		08/24/2020	08/24/2021	BODILY INJURY (Per				
AUTOS ONLY AUTOS NON-OWNED					00,2 ,,2020	00/24/2021	PROPERTY DAMAGE	-			
AUTOS ONLY AUTOS ONLY	1 1						(Per accident)	,			
➤ UMBRELLA LIAB ➤ OCCUP	+ +							\$		***	
EVCESSIAN			60518681		00/04/0000	00/04/0004	EACH OCCURRENCE	E \$	2,000	200 Class and 100 Class and 100	
CLAIMS-MAD	4	- 1	00310001		08/24/2020	08/24/2021	AGGREGATE		2,000	,000	
DED RETENTION \$ WORKERS COMPENSATION	+						. does	1071	·		
AND EMPLOYERS' LIABILITY				- 1			➤ PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	ŀ	60518681		08/24/2020	08/24/2021	E.L. EACH ACCIDEN	Г \$			
(Mandatory in NH) If yes, describe under	1					CONTRACTOR WAS CONTRACTOR	E.L. DISEASE - EA EN	MPLOYEE \$	500,0	00	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CYLIMIT \$	500,0	00	
Leased/Rented Equipment							Limit		400,00	00	
			60518681		08/24/2020	08/24/2021					
								av.	85		
CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	ORD 10	1, Additional Remarks Schedule,	may be at	tached if more sp	ace Is required)		RECEIVED	120 AUG 24 AM		
RTIFICATE HOLDER				CANC	ELLATION			<b>69</b>	7		
Dodge County, NE 435 N. Park, Room 204				SHOU THE ACCO	JLD ANY OF THE EXPIRATION DO DRDANCE WIT	ATE THEREOF H THE POLICY	SCRIBED POLICIES , NOTICE WILL BE ' PROVISIONS.	CANCI	N EUGED E	BEFORE	
				AUTHOR	IZED REPRESEN	TATIVE	-				
Fremont			NE 68025			1	10				