



Agenda Item # 28 aii

CERTIFICATE OF LIABILITY INSURANCE

10/7/20

DATE (MM/DD/YYYY)
09/24/2020

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 Dodge Partners Insurance, LLC 8701 W Dodge Rd, Suite 100 Omaha NE 68114-3429		CONTACT NAME: Katie Shipp PHONE (A/C, No, Ext): (402) 938-5016 E-MAIL ADDRESS: KShipp@dodgepartners.com FAX (A/C, No): (402) 938-5090	
INSURED COONEY FERTILIZER INC 1030 26TH RD WALTHILL NE 68067		INSURER(S) AFFORDING COVERAGE INSURER A: Firemens Insurance Company of Washington D.C. NAIC # 21784 INSURER B: Union Insurance Co 25844 INSURER C: Continental Western Group INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2020-2021 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA3103240-25	09/24/2020	09/24/2021	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			CPA3103240-25	09/24/2020	09/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Uninsured/Underinsured \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CPA3103240-25	09/24/2020	09/24/2021	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCA3103241-25	09/24/2020	09/24/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Fertilizer Operations General Liability			ABP 3103236 - 25	09/24/2020	09/24/2021	Each Occurrence \$1,000,000
							Annual Aggregate \$1,000,000
							Liability Deductible \$5,000

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

2020 SEP 29 PM 5:11
 RECEIVED
 Dodge County Hyattsville Dept

CERTIFICATE HOLDER		CANCELLATION	
Dodge County 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. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>	



ADDITIONAL REMARKS SCHEDULE

AGENCY Dodge Partners Insurance, LLC		NAMED INSURED COONEY FERTILIZER INC	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

CONTRACTUAL LIABILITY APPLIES PER POLICY FORMS AND CONDITIONS

****All entities required by written contract are included in the below forms / endorsements****

General Liability:

Additional Insured status for ongoing operations applies only to the extent provided in form CL CG 04 92 10 18 when required by written contract.

Additional Insured status for completed operations applies only to the extent provided in form CG 20 39 12 19 when required by written contract.

Waiver of Subrogation applies only to the extent provided in form CL CG 04 92 10 18 when required by written contract.

Primary and non-contributory applies only to the extent provided in form CL CG 01 14 09 16 when required by written contract.

Per Project Aggregate applies only to the extent provided by form CL CG 00 59 05 19 when required by written contract.

Auto Liability:

Additional Insured status applies only to the extent provided in form CL CA 20 93 03 19 when required by written contract.

Waiver of Subrogation applies only to the extent provided in form CL CA 20 93 03 19 when required by written contract.

Primary and Non-contributory applies only to the extent provided in form CL CA 20 93 03 19 when required by written contract.

Umbrella:

Umbrella Liability follows form to General Liability, Automobile Liability and Employer's Liability. Additional insured status follow form.

Workers Compensation:

Waiver of Subrogation applies only to the extent provided in form WC 00 03 13 04 84 when required by written contract.