Agenda Item #_

CERTIFICATE OF LIABILITY INSUR

DATE (MM/DD/YYYY)

11/4/2020

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 policy.										
					CONTACT Telcom Insurance Services Corp.					
PRODUCER Telcom Insurance Services Corp. 6301 Ivy Lane, Suite 506 Greenbelt, MD 20770			PHONE (A/C, No, Ext): 800.222.4664 (A/C, No): 301.474.6196							
Greenbeit, WD 20770					ADDRESS:					
	1			INSURER(S) AFFORDING COVERAGE NAIC #						
www.TelcomlnsGrp.com	_	(Oak	INSURER A: Rural Trust Insurance Company 11134 INSURER B:				11134		
West lowa Telephone Company			VOY	INSURER C:						
WesTel Systems				INSURER D:						
P.O. Box 330 12 E 3rd Street			=	INSURER E :						
Remsen IA 51050				INSURER F:						
COVERAGES CER	TIFIC	ATE	NUMBER: 58438455				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 S	SHER	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A COMMERCIAL GENERAL LIABILITY	1130		RTIC-00641P-01		6/1/2020	6/1/2021	DAMAGE TO PENTED	000,000		
CLAIMS-MADE ✓ OCCUR							T TELINOLO (EL GOGLITATION)	0,000		
								,000,000		
								,000,000		
PRO.	GEN'L AGGREGATE LIMIT APPLIES PER:							,000,000		
							\$			
A AUTOMOBILE LIABILITY			RTIC-00641P-01		6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1	,000,000		
ANY AUTO			Section of the control of the contro				BODILY INJURY (Per person) \$			
OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
HIRED NON-OWNED	AUTOS ONLY AUTOS NON-OWNED NON-OWNED						PROPERTY DAMAGE (Per accident) \$			
AUTOS ONLY AUTOS ONLY							\$			
A UMBRELLA LIAB / OCCUR			RTIC-00641P-01		6/1/2020	6/1/2021	EACH OCCURRENCE \$1	0,000,000		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$1	0,000,000		
DED ✓ RETENTION \$10,000							\$			
A WORKERS COMPENSATION			RTIC-00640-01		6/1/2020	6/1/2021	✓ PER STATUTE ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$5	500,000		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$ 5	500,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 5	500,000		
							· V	2		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
No.										
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in the second s										
WE AR										
CERTIFICATE HOLDER		-		CAN	CELLATION		650	7		
CERTIFICATE HOLDER				$\overline{}$, do,			
Dodge County 435 N. Park Fremont NE 68025	*			THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CAN IEREOF, NOTICE WILL BE CYPROVISIONS.	OUEDILED BEFORE DELIVERED IN		

AUTHORIZED REPRESENTATIVE

Peter J. Elliott

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OP ID: DM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2020

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CONTACT Michael L. Bowman

402-592-4455

Omaha Insurance Services Inc. 11132 O Street Omaha, NE 68137 Michael L. Bowman					PHONE: PHONE (A/C, No, Ext): 402-592-4455 FAX (A/C, No): 402-592-6933							
					E-MAIL address: mbowman.omaha01@insuremail.net							
INSURED Elkhorn Township Bryan Box 923						INSURE	NAIC # 21415					
INSURED						INSURE						
INSURED EIKhorn Township Bryan							INSURER C:					
Box	923	t, NE 68026-0923				INSURER D:						
rien	IUIII	I, NE 00020-0323	7			INSURE	2000					
		-				INSURE	344426					
CO	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
IN CI EX	DICA	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT	T TO WHICH THIS		
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE S			
		CLAIMS-MADE X OCCUR			0D54113		09/13/2020	09/13/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000		
									MED EXP (Any one person)	5,000		
									PERSONAL & ADV INJURY	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		OTHER:								1 000 000		
Α	AUT	TOMOBILE LIABILITY			122577				Table 100 Inches	\$ 1,000,000		
		ANY AUTO			0E54113		09/13/2020	09/13/2021		\$		
		OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY								\$		
				_						\$		
	_	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							average and a property of the contract of the	\$		
										\$		
Α	WOR	DED RETENTION \$							PER OTH-	\$		
•	AND	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N			0H54113	09/13/2020	09/13/2021	voren varranen anvenden euskiran. Ye.	s 100,000			
	OFF (Mai	PROPRIETOR/PARTNER/EXECUTIVE CICER/MEMBER EXCLUDED?	N/A					CARDO COS COM ACORDO CARROLLA	E.L. DISEASE - EA EMPLOYEE	100.000		
	If ye	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	500.000		
A		mmercial Applica			0H54113		09/13/2020	09/13/2021	E.L. DISEASE TOLICI LIWIT	Ψ		
Α												
					ēj							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CE	RTIF	FICATE HOLDER				CANO	ELLATION		10 (1)	5		
		Dodge County 435 N Park Fremont, NE 68025			DODGECO	AUTHO	EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES DE CA EREOF, NOTICE WE BI CY PROVISIONS.	NCET ED BEFORE E DELIVERED IN		
		1				80.5			3			

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CERTIFICATE OF LIABILITY INSURANCE

Client#: 13675

DATE (MM/DD/YYYY) 11/03/2020

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tills celtificate does not come any rights	TO FILE OCI MILONIO HOLMOL III HOM	01 04011 01140100111(0)1		
PRODUCER	1 A	CONTACT Lindsey Nelson		
INSPRO Insurance		PHONE (A/C, No, Ext): 402-941-1927	FAX (A/C, No): 4	102-721-2844
P.O. Box 689	V r.	E-MAIL ADDRESS: Inesion@insproins.com	V	
Fremont, NE 68026		INSURER(S) AFFORDIT	NG COVERAGE	NAIC#
402 721-9707		INSURER A : SFM Mutual Insurance Co		11347
INSURED		NSURER B : AutoOwners Insurance Co)	18988
Larsen International, Inc.	574 S	INSURER C:		
2050 E. 23rd St.	*	INSURER D :		
Fremont, NE 68025-2493		INSURER E :		
		INSURER F:		
00121010120	ICATE NUMBER:		SION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI	F INSURANCE LISTED BELOW HAREMENT, TERM OR CONDITION (AVE BEEN ISSUED TO THE INSURED NAM OF ANY CONTRACT OR OTHER DOCUME	ED ABOVE FOR THE NT WITH RESPECT 1	POLICY PERIOD O WHICH THIS

C	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.							
INSF		ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMITS	3
A	X COMMERCIAL GENERAL LIABILITY			39097336	NAMES OF THE OWNER OWNER OWNER.	CONTROL MANY COOR MICROSCOPI	EACH OCCURRENCE	\$1,000,000
.5.0	CLAIMS-MADE X OCCUR			and the second s			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	X PD Ded:1,000						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					9	GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			39091336	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED							\$
	X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	The state of the s							\$
Α	X UMBRELLA LIAB X OCCUR			39091336	11/01/2020	11/01/2021	EACH OCCURRENCE	\$6,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$6,000,000
	DED X RETENTION \$0							\$
В	WORKERS COMPENSATION			131115201	11/01/2020	11/01/2021	X PER OTH-	
	ANY DEODDIETOD/DARTNER/EYECHTIVE	N/A					E.L. EACH ACCIDENT	\$500,000
1	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICE LIMIT	3 0,000
							193	20
		in l					6 7	200
								WE.
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Veh# 1 - 2018 Chevy Silverado PU VIN# 1GC1KWEY3JF216696 NE; Coverages - Liability: ; Med. Pay:; Uninsured Motorist ; Underinsured Motorist: ; Comprehensive: 1000 Ded.; Collision: 1000 Ded.							
Veh# 1 - 2018 Chevy Silverado PU VIN# 1GC1KWEY3JF216696 NE;								
	Coverages - Liability: ; Med. Pay:; Uninsured Motorist ;							
	Underinsured Motorist: ; Comp	rene	nsıv	e: 1000 Dea.; Collision:			1000	**
	1000 Ded.						t	
1								S)
	CANCELLATION							

CERTIFICATE HOLDER	CANCELLATION
TO WHOM IT MAY CONCERN	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
	Romball L. Eikensier

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