



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2020

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  
Ellerbrock-Norris Agency, Inc.  
P.O. Box 816  
Hastings, NE 68902-0816

CONTACT NAME: **Jamie Woods**  
PHONE (A/C, No, Ext): **(402) 470-0337 703144** FAX (A/C, No): **(402) 327-8483**  
E-MAIL ADDRESS: **jwoods@ellerbrock-norris.com**

INSURER(S) AFFORDING COVERAGE  
INSURER A: **BITCO Insurance Companies** NAIC # **20095**

INSURED  
**Thompson Construction, Inc.**  
2404 N. Lincoln Ave  
Fremont, NE 68025-2461

INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

**COPY**

### 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CLP 3701228   | 1/1/2021                | 1/1/2022                | 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<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | CAP 3701231   | 1/1/2021                | 1/1/2022                | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person)                      | \$           |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)                    | \$           |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                  | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | CUP 2819116   | 1/1/2021                | 1/1/2022                | EACH OCCURRENCE                                 | \$ 5,000,000 |
|          |   |           |          |               |                         |                         | AGGREGATE                                       | \$ 5,000,000 |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | WC 3701227    | 1/1/2021                | 1/1/2022                | <input checked="" type="checkbox"/> PER STATUTE |              |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT                              | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                      | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | 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)  
Re: 1852 CR #26, Fremont, NE.

RECEIVED  
2021 JAN - 5 AM 11:59  
Dodge County Highway Dept

### CERTIFICATE HOLDER

Dodge County Nebraska  
435 North Park  
Fremont, NE 68026

### 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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PRODUCER: Holmes Murphy-Kansas City, 1828 Walnut Street Suite 701, Kansas City, MO 64108. CONTACT NAME: Jenni Marino CIC, ARM, CRIS. PHONE: 816 857 7812. E-MAIL ADDRESS: jmarino@holmesmurphy.com. INSURER(S) AFFORDING COVERAGE: Acuity (14184), Navigators Insurance Company (42307), Midwest Builders Casualty Mutual Co (13126), Everest Denali Insurance Company (16044).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (ZE4856), Automobile Liability (CF8CA00018201), Umbrella Liab (HO20EXCZ06S70IV), and Workers Compensation (WC10000011782021A).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required). Includes vertical stamp: RECEIVED 2021 JAN - 7 PM 12:19 Dodge Co Hwyway Dept.

CERTIFICATE HOLDER: Dodge County Hwy Department, 435 N. Park, Fremont, NE 68025. 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: Nick Henderson.