-	Feb. 23. 2021 3:39PM							No. 7942 -	D 1			
7	COKD	ER	TIF	ICATE OF LIA	BILI	TY INSL	JRANCE	■ No. 7942 [-r. ;	(YYYYGO\MM)		
	HIS CERTIFICATE IS ISSUED AS A MA	TTED	OFI	MECHMATION ONLY AND	CONE	EDG NO DIGI	TO LIBON TO	IE CERTIFICATE UOI DE		23/2021		
	ERTIFICATE DOES NOT AFFIRMATIVE	LYO	RNE	GATIVELY AMEND. EXTE	ND OR	ALTER THE	COVERAGE	NE CERTIFICATE HOLDE NEFORDED BY THE POL	K. THIS	•		
Ч	ELOW. THIS CERTIFICATE OF INSUR	ANCE	DO	ES NOT CONSTITUTE A C	CONTRA	CT BETWEE	N THE ISSUI	NG INSURER(S), AUTHO	RIZED			
R	EPRESENTATIVE OR PRODUCER, AN	D TH	E CEI	RTIFICATE HOLDER.				2 55				
Iħ	MPORTANT: If the certificate holder is	an Al	DITI	ONAL INSURED, the poll	cy(les) i	must be endo	rsed. If SUB	ROGATION IS WAIVED,	subject	to		
13	he terms and conditions of the policy, a artificate holder in lieu of such endors	certai	n pol	licies may require an end	orseme	nt. A statem	ent on this ce	rtificate does not confer	rights	to the		
	DUCER	emen	цэ).		CONTA	CT House a						
	anson Insurance and Real Esta	to			NAME	nouse a		FAX				
	5 Main Street	· ce			(A/C, No, Ext): (402) 664 5566 (A/C, No); (404) 664-3412							
.O. Box 408						ADDRESS:						
9 6	50%, \$100,000 (\$50,000) - 100	057-	0408	.0		INSURER(S) AFFORDING COVERAGE INSURERA: EMC Insurance Companies						
-	IRED		-				surance Co	mpanies				
	ckerson Township				INSURE			TE TE SEN				
	Ms. Nancy O'Connor	1			9494 AND 20 HE CAD	INSURER C: Agenda Item #				26a		
	OB CR O	C		7		INSURER E: Date 3/10						
ΙŒ	emont NE 680	25	17	/	INSURE		2010	3/10/21				
O	VERAGES CER	TIFIC	CATE	NUMBER: CL16418003		Nr.		REVISION NUMBER;				
Ŧ	HIS IS TO CERTIFY THAT THE POLICIES OF	INSU	RANG	CE LISTED BELOW HAVE BE	EN ISSL	IED TO THE IN	SURED NAME	DABOVE FOR THE POLICY	PERIOD)		
C	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER	JIREN TAIN	ENT,	TERM OR CONDITION OF A	NA CON.	FRACT OR OTH	HER DOCUMEN	NT WITH RESPECT TO WHI	CHTHIS	F		
E	XCLUSIONS AND CONDITIONS OF SUCH P	OLICI	ES. LI	MITS SHOWN MAY HAVE BE	EEN RED	UCED BY PAIL) CLAIMS,	2 20DIECT TO ALL THE TE	KIVIŞ,			
iR R	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5			
	× COMMERCIAL GENERAL LIABILITY					,	(MMC22/1111/	EACH OCCURRENCE	s	1,000,000		
1	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	5	300,000		
				2X4-59-72		3/2/2021	3/2/2022	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	s	2,000,000		
	OTHER;								S			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000		
	ANY AUTO	i	1					BODILY INJURY (Per person)	5			
-	ALL OWNED X SCHEDULED AUTOS NON-OWNED	1		2X4-59-72		3/2/2021	3/2/2022	BODILY INJURY (Per accident)	s			
	HIRED AUTOS NON-OWNED AUTOS			189				PROPERTY DAMAGE (Per accident)	S			
_									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	3	1,000,000		
ı	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	1,000,000		
	DED RETENTION \$			2X4-59-72		3/2/2021	3/2/2022	1000 1 1000	\$	202		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X PER OTH-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		159				E.L, EACH ACCIDENT -	S	500,000		
7	(Mandatory in NH) If yes, describe under			284-59-72		3/2/2021	3/2/2022	E.L. DISEASE - EA EMPLOYEE	S	500,000		
	DÉSCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMIT	S	500,000		
								7				
:81	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	8 1001	DD 46	1 Additional Remarks Schodule p	you bo offe	ahod If more con	no le required)		8			
	The state of the s	D (A00	,,,,,	17 Additional Contact Contaction	nay be due	icited il lilota shar	ta sedasen	90	021			
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								Hyway	Ĭ			
EF	RTIFICATE HOLDER				CANC	ELLATION		<u> </u>				
2.97				THE MANAGEMENT OF THE STATE OF				8	יתי			
	Dodge County Highway Department					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
435 N. Park				ACC	PRDANCE WITH	H THE POLICY	PROVISIONS.	או עב				
Courthouse, Room 204												
	Fremont, NE 68025					AUTHORIZED REPRESENTATIVE						
1								4 9				

L Helgenberger/LLH

Mar. 2. 2021 3:21PM	ERTIFICATE OF LIA	BILITY INSU	RANCE	No. 7949	-P. 1 ,			
HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LEUW. 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 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		CONTACY House as		LEIU				
Swanson Insurance and Real Estat	te 🗸 /	Try Carling Carling	664-3500	(A/C, No):	403) 664-2415			
505 Main Street	V C	ADDRESS:						
P.O. Box 408	57.0400			DING COVERAGE	NAIC #			
Somibner NE 680	57-0408	INSURER B:	urance Co	mpanies				
Ridgeley Township		INSURER C:						
C/O Ken Dirkschneider		INSURER D:						
845 Cty Rd 8		INSURER E :		. The second				
Scribner NE 680		INSURER F:						
	TIFICATE NUMBER: CL1652001			REVISION NUMBER:	DEDIOD			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHS AND ING ANY REQUIREMENTS OF MAY PERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY PERTIFICATE MAY PERTIFICATE MAY PERTIFICATE MAY PERTIFICA	IIREMENT, TERM OR CONDITION OF A FAIN, THE INSURANCE AFFÖRDED BY OLICIES, LIMITS SHOWN MAY HAVE B	ANY CONTRACT OR OTH THE POLICIES DESCRI	HER DOCUME BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHIC	H THIS			
insr Lir Type of Insurance	ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MWDD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY	,				\$ 1,000,000			
A CLAIMS-MADE X OCCUR		a var o	ar makanananna	DAMAGE TO RENTED PRÉMISES (Ea occurrence)	300,000			
	8X4 61 79 00	3/10/2021	3/10/2022		2			
			i i	VALUE OF THE PROPERTY OF THE P	5 1,000,000			
GEN'LAGGREGATE LIMIT APPLIES PER:					s 2,000,000			
× POLICY PRO-		3			\$ 2,000,000			
OTHER:					\$ 1,000,000			
ANYALITO					5			
ALL OWNED X SCHEDULED AUTOS	BX4 61 79 00	3/10/2021	3/10/2022	THE PARTY MANAGEMENT AND THE PROPERTY OF	S			
HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	5			
					s			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE					8			
DED RETENTION S WORKERS COMPENSATION				PER OTH-	3			
AND EMPLOYERS' LIABILITY Y/N					\$ 100,000			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A 8X4 61 79 00	3/10/2021	3/10/2022		\$ 100,000 \$ 100,000			
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		S4.555. 55555F	******		s 500,000			
DESCRIPTION OF OF EIGHT ON A SAME								
				ō	2			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD 101, Additional Remarks Schedule	, may be attached if more spa	ce la required)	<u> </u>	2			
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				e Co	20			
				DE OU	$\dot{\aleph}$			
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				lyway way	P			
CERTIFICATE HOLDER		CANCELLATION			<u>-th</u>			
OLIVIII IOATE HOLDEN				ept ept	(J)			
Dodge County Highway Dep Courthouse-435 N. Park	pt.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Room 204 Fremont, NE 68025		AUTHORIZED REPRESEN	AUTHORIZED REPRESENTATIVE					
		Karleen Meyer/K		Harboan 4	Marse 1 2			
				ORD CORPORATION. A	Il rights reserved.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2021

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).

PROI	DUCER .	1			NAME:	Joanne M		LEAV			
UNI	TEL: 2				PHONE (402) 434-7200 FAX (A/C, No): (402) 434-7272						
1128	B Lincoln Mall			Up ₁	E-MAIL ADDRESS: jmohn@unitelinsurance.com						
UNITEL 1128 Lincoln Mall Suite 200					INSURER(S) AFFORDING COVERAGE					NAIC#	
Lincoln NE 68508					INSURER A: National Farmers Union P & C					16217	
INSURED					INSURER B: Hartford Casualty Insurance Co				29424		
Northeast Nebraska Telephone Company						INSURER C:					
	PO Box 66				INSURER D:						
	72				INSURER E:						
	Jackson			NE 68743	INSURER F:						
COV		TIFIC	ATE:	NUMBER: 21-22 COI	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.											
NSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	The state of the s		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0		
	. —							MED EXP (Any one person)	\$ 5,000)	
Α				1RU0169260		03/01/2021	03/01/2022	PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				l			GENERAL AGGREGATE	\$ NON	E	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
	OTHER:			59(1)					\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANYAUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			1RU0169260		03/01/2021	03/01/2022	BODILY INJURY (Per accident)) \$		
	HIRED NON-OWNED AUTOS ONLY			the teacher and and teat				PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(i or additionly	\$		
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE	\$ 10,00	00,000	
Α	EXCESS LIAB CLAIMS-MADE			1CB0169261		03/01/2021	03/01/2022	AGGREGATE		00,000	
	10.000	ł	١.					AGGNEGATE	\$		
	WORKERS COMPENSATION		É		184	03/01/2021	03/01/2022	➤ PER STATUTE OTH-	Ψ		
	AND EMPLOYERS' LIABILITY Y/N							E.L. EACH ACCIDENT	s 500,000		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	91WEAD0RSB				E.L. DISEASE - EA EMPLOYEE	500,000		
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s 500,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Φ .		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	v1, Additional Remarks Schedule,	may be at	uacned if more sp	pace is required)				
	2021 MAR - REC Dodge Co										
CE	CERTIFICATE HOLDER CANCELLATION										
Dodge County Highway Department 435 N Park						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fremont NE 68025						There I der					