Policy Numberate

DATE (MM/DD/YYYY)

CERTIFICATE OF PROPERTY INSURANCE

06/14/2021

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. CONTACT NAME: PRODUCER PHONE (A/C, No. Ext): (402)742-9220 E-MAIL ADDRESS: larry@nirma.info FAX (A/C, No): (402) 742-9230 8040 Eiger Drive P.O. Box 85210 PRODUCER CUSTOMER ID: Lincoln, NE 68516 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURERA: NE Intergovernmental Risk Mome Assn 53750 Dodge County INSURER B: INSURER C: 435 N Park Fremont, NE 68025 INSURER D : INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, If more space Is required) RE: 2017 Caterpillar 323FL Hydrualic Excavator, serial no. YEJ10027, value of \$225,500 Caterpillar Financial Services Corporation is considered a loss payee with respects to specified equipment for the duration of the Insured's legal interest in the property 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 BY PAID CLARGE. POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) INSR TYPE OF INSURANCE COVERED PROPERTY LIMITS POLICY NUMBER PROPERTY BUILDING CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY \$ BUILDING BASIC BUSINESS INCOME \$ EXTRA EXPENSE BROAD 5 CONTENTS **RENTAL VALUE** SPECIAL 5 BLANKET BUILDING **EARTHQUAKE** BLANKET PERS PROP WIND S BLANKET BLDG & PP FLOOD \$ 7/1/2021 7/1/2022 Per Sched \$2,680,516 INLAND MARINE TYPE OF POLICY Deductible _{\$}1,000 CAUSES OF LOSS POLICY NUMBER NAMED PERILS NP-2122-5 CRIME 00 TYPE OF POLICY BOILER & MACHINERY / (3) O THO **EQUIPMENT BREAKDOWN** A HIS 人图入 SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Dep CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Caterpillar Financial Services Corporation

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young Deela

2120 West End Avenue

Nashville, TN 37203

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/14/2021

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. PRODUCER NAME: PHONE (A/C.No.Ext): (402)742-9 E-MAIL ADDRESS: larry@nirma. FAX (A/C, No): (402)742-9230 (402) 742-9220 8040 Eiger Drive P.O. Box 85210 PRODUCER CUSTOMER ID Lincoln, NE 68516 INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: NE Intergovernmental Risk Mgmt. Assn. 53750 INSURED Dodge County INSURER B: INSURER C: 435 N Park Fremont, NE 68025 INSURER D: INSURER E: INSURER F: **REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, If more space is required) RE: 2020 Caterpillar 259D3 Compact Track Loader, serial no. CW906677, value of \$50,585 and a 2019 Caterpillar 257D Multi Terrain Loader, serial no. EZW02965, value of \$51,925 Caterpillar Financial Services Corporation is considered a loss payee with respects to specified equipment for the duration of the Insured's legal interest in the property 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. POLICY EXPIRATION POLICY EFFECTIVE INSR LTR COVERED PROPERTY LIMITS TYPE OF INSURANCE POLICY NUMBER DATE (MM/DD/YYYY) DATE (MM/DD/YYYY BUILDING PROPERTY PERSONAL PROPERTY CAUSES OF LOSS DEDUCTIBLES \$ BUILDING BUSINESS INCOME BASIC \$ EXTRA EXPENSE BROAD \$ CONTENTS RENTAL VALUE SPECIAL \$ **BLANKET BUILDING** EARTHQUAKE BLANKET PERS PROP WIND 5 BLANKET BLDG & PP FLOOD \$5,082,562 7/1/2021 7/1/2022 Per Schedule INLAND MARINE TYPE OF POLICY CAUSES OF LOSS NAMED PERILS POLICY NUMBER \$ NP-2122-5 CRIME 00 TYPE OF POLICY CO. ara. BOILER & MACHINERY / Om **FOURMENT BREAKDOWN** 工川 4 ray Dept SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Caterpillar Financial Services Corporation Attn: Andrew Kacynski AUTHORIZED REPRESENTATIVE 2120 West End Avenue Jung Ocela Nashville, TN 37203

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/24/2020

DATE (MM/DD/YYYY) 6/14/2021

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).

PRODUCER NAME:												
	NIRMA				PHONE (402) 742-9220 FAX (A/C, No): (402) 742-9230							
	8040 Eiger Drive				E-MAL larry@nirma.info							
	P.O. Box 85210				INSURER(S) AFFORDING COVERAGE NAIC #							
	Lincoln, NE 68516				INSURER A: NE Intergovernmental Risk Mgmt. Assn. 53750							
INSUR	RED Dodge County				INSURER B:							
M4DOI	bodge country			F								
	435 N Park			T T	INSURER C:							
	Fremont, NE 68025				INSURER D :							
	Lichotte, Hill occide				INSURER E :							
	OFF.	TITLE	ATE		REVISION NUMBER:							
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.												
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANGED ABOVE FOR THE FOLICIT FERIODS 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Li	MITS				
A	COMMERCIAL GENERAL LIABILITY	JI GD	1111				EACH OCCURRENCE	\$ 1,0	00,000			
	CLAIMS-MADE OCCUR	X		N-2122-5	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
	GLAIIVIS-WIADE [Z] COGGIN	()			1000		MED EXP (Any one person)	\$				
							PERSONAL & ADV INJURY	\$				
							GENERAL AGGREGATE	\$				
	GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP/OP AG					
					1		PRODUCTS - COMPTOP AG	\$				
	OTHER:	-					COMBINED SINGLE LIMIT	\$	and the same of			
	AUTOMOBILE LIABILITY						(Ea accident) BODILY INJURY (Per person					
	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per accide					
	AUTOS ONLY AUTOS NON-OWNED			(8)			PROPERTY DAMAGE	\$				
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$				
		-						+				
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$				
	DED RETENTION \$						PER OTH	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN					PER OTH STATUTE ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	İ				E.L. EACH ACCIDENT	\$				
(Mandatory in NH)							E.L. DISEASE - EA EMPLOY	EE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	IT \$				
							Do	202				
							門					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD	101, Additional Remarks Schedule,	may be attached if more	e space is required)	oř.	9				
								5 _				
DE:	2020 Caterpillar 259D3 Compact	Trac	Llas	adar sarial no CMONGE	77 value of \$50) 585 and a 2						
KE:	rain Loader, serial no. EZW02965	undu	v ros	¢51 025	, value of 950	,,,,,,,, and a 2	E STOCKER	< 130 m				
cer	ram Loader, serial no. E2W02965 erpillar Financial Services Corpora	, vall	ic or	neidered an additional	incured with re	snects to liab	aility coverage asso	inter Lu	ith			
cat	erpillar Financial Services Corpora cified equipment for the duration	11011	ia UU ha Iv	notucieu ati auditional retrod ⁱ e logal intoroct ir	the property	coole to nat		, a				
spe	cified equipment for the duration	1016	ne ii	isureu s legai iliterest il	rule property		(9)	U				
CE	RTIFICATE HOLDER				CANCELLATIO	N	pt	-	i			
	Caterpillar Financial Serv Attn: Andrew Kacynski 2120 West End Avenue	ices	Corp	oration	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Nashville, TN 37203			4	AUTHORIZED REPRESENTATIVE							

CORD® CEPTIFICATE OF

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/28/2017

DATE (MM/DD/YYYY) 6/14/2021

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.

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this	certificate does not confer rights to	the c	ertif	ficate holder in lieu of suc	h endorsement(s).	equite an endorsement. A of	atomont on			
PRODU	CER				CONTACT NAME:						
	NIRMA				PHONE (A/C, No, Ext): (402) 742-9220 FAX (A/C, No): (402) 742-9230						
	8040 Eiger Drive				E-MAIL larry@nirma.info						
	P.O. Box 85210				INSURER(S) AFORDING COVERAGE						
	Lincoln, NE 68516				INSURER A: NE IT	tergovern	mental Risk Mgmt.Assn.	53750			
INSURE	Dodge County				INSURER B:						
					INSURER C:						
	435 N Park				INSURER D :						
	Fremont, NE 68025				INSURER E :						
					INSURER F:						
COVE	ERAGES CER	TIFIC	ATE	NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	ADDL :	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A)	COMMERCIAL GENERAL LIABILITY							000,000			
ľ	CLAIMS-MADE OCCUR	$ \times $		N-2122-5	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
							MED EXP (Any one person) \$				
							PERSONAL & ADV INJURY \$				
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$				
F	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$				
	OTHER:						\$				
7	AUTOMOBILE LIABILITY		-10-20				COMBINED SINGLE LIMIT (Ea accident)				
	ANY AUTO						BODILY INJURY (Per person) \$				
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$				
	AOTOS GNET						\$				
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$				
	DED RETENTION \$						\$				
	VORKERS COMPENSATION						PER OTH- STATUTE ER				
1	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$				
	OFFICER/MEMBER EXCLUDED? Mandatory in NH)	N/A				X	E.L. DISEASE - EA EMPLOYEE \$				
1	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$				
							2021 Do es				
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
		· III 00 =					₹ ₹				
RE: 2	017 Caterpillar 323FL Hydrualic	Excav	/ato	r, serial no. YEJ10027,	value of \$225,50)()	oility coverage				
Cate	rpillar Financial Services Corpora	tion	is co	onsidered an additiona	insured with re	spects to liab	bility coverage $<$ =				
asso	ciated with specified equipment	tor ti	he d	luration of the insured	s legai interest i	n the proper	' ⁷ ® cn				
ĊFR	TIFICATE HOLDER		-		CANCELLATION						
Visit	Caterpillar Financial Servi 2120 West End Avenue Nashville, TN 37203	ices (Corp	oration	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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ACORD

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 3/6/2020

DATE (MM/DD/YYYY) 6/14/2021

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.

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NIRMA 8040 Eiger Drive								NAME: PHONE (A/C, No, Ext): (402) 742-9220 E-MAIL ADDRESS: larry@nirma.info						
P.O. Box 85210								INSURER(S) AFFORDING COVERAGE NAIC #						
Lincoln, NE 68516								INSURER A: NE I	ntergovern	mental Risk Mgmt.A	ssn.	53750		
INSURED Dodge County								INSURER B:		20				
								INSURER C:				(0.00)		
		435 N Par	k					INSURER D :						
		Fremont,	NE	68025				INSURER E:						
				(3:1				INSURER F:						
00	VED	AGES		CER	TIFIC	ATE	NIMBER.	REVISION NUMBER:						
COVERAGES CERTIFICATE 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.											VHICH THIS			
INSF	1	TYPE OF INS	SUR/	ANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5			
A	X	COMMERCIAL GEN			11430	1110		Junior British		LACITOCONTILLIOL	\$1,00	00,000		
	-	CLAIMS-MADE		OCCUR	X		N-2122-5	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
		CDAINIO-INIADE	· IZ		()						\$			
	H										\$			
		'L AGGREGATE LIMI	T AP	in) ice neo-							\$			
	GEN	PRO		LOC							\$			
	H		Т								\$			
-	ALIT	OTHER: OMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$			
	1	ANY AUTO				7.				(Ea accident) BODILY INJURY (Per person)	\$			
	\vdash	OWNED		SCHEDULED						BODILY INJURY (Per accident)	\$			
		AUTOS ONLY HIRED	\dashv	AUTOS NON-OWNED						PROPERTY DAMAGE	\$			
	\vdash	AUTOS ONLY		AUTOS ONLY						(Per accident)	\$			
	+-	UMBRELLA LIAB	\dashv		-					EACH OCCURRENCE	\$			
		EXCESS LIAB	+	OCCUR				Ì		AGGREGATE	\$			
				CLAIMS-MADE	1			į.		AGGREGATE	\$			
_	WOR	DED RETEN		N \$	-	-				PER OTH-	Ψ			
AND EMPLOYERS' LIABILITY Y/N										E.L. EACH ACCIDENT	\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?										E.L. DISEASE - EA EMPLOYEE	2/			
(Mandatory in NH) If yes, describe under										E.L. DISEASE - POLICY LIMIT	\$	******		
_	DÉS	CRIPTION OF OPERA	ATIO	NS below		-				E.L. DISEASE - POLICI LIMIT	Ψ			
							=			0	2021			
DF	SCRIPT	ION OF OPERATIONS	S/LC	CATIONS / VEHICL	ES (AC	ORD	101, Additional Remarks Schedule	may be attached if mo	re space is required	CZ O	C			
Cm -														
RE	: Use	of Metropoli	tan	Community	Colle	ge (MCC) Facility for pollin	g site	an linkilis	verage VIII				
Metropolitan Community College is considered an additional insured with respects to liability coverage														
	ို ဟု													
CI	CERTIFICATE HOLDER CANCELLATION													
Metropolitan Community College P.O. Box 3777 Omaha, NE 68103-0777								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANGELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Ĵ						AUTHORIZED REPRESENTATIVE Pour Celan						

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/29/2014

DATE (MM/DD/YYYY) 6/14/2021

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER NIRMA PHONE (A/G, No, Ext): (402) 742-9220 FAX (A/C, No): (402)742-9230 8040 Eiger Drive E-MAIL larry@nirma.info P.O. Box 85210 INSURER(S) APFORDING COVERAGE NAIC # Lincoln, NE 68516 INSURER A: NE Intergovernmental Risk Mgmt.Assn 53750 INSURED Dodge County INSURER B: INSURER C: 435 N Park INSURER D : Fremont, NE 68025 INSURER E: INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE 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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) INSR TYPE OF INSURANCE **POLICY NUMBER** \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 7/1/2021 7/1/2022 N-2122-5 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG POLICY \$ OTHER COMBINED SINGLE LIMIT (Ea accident) \$ AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) S OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE HIRED AUTOS ONLY \$ \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RECEIVED RECEIVED Certificate holder is considered an additional insured with respect to liability coverage associated with equipment used for county weed spraying operations CANCELLATION CERTIFICATE HOLDER Papio-Missouri River NRD SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 8901 S 154th Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Omaha, NE 68138 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jung Ocela



CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 6/15/2010

DATE (MM/DD/YYYY) 6/14/2021

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER NIRMA		1000		CONTACT NAME:							
			*	PHONE [A/C, No, Ext): (402) 742-9220 FAX [A/C, No]: (402) 742-9230							
8040 Eiger Drive				E-MAIL ADDRESS: larry@nirma.info							
P.O. Box 85210				INSURER(S) AFFORDING COVERAGE NAIC #							
Lincoln, NE 68516				INSURER A: NE Intergovernmental Risk Mgmt. Assn. 53750							
INSURED Dodge County				INSURER B:							
				INSURER C:							
435 N Park											
Fremont, NE 68025				INSURER D: INSURER E:							
,				Notice of conduction of the Co							
COVERACES	TIFIC	A T.	NUMBER.	INSURER F:		DEVICION MUNDED.					
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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	LICY EFF POLICY EXP						
A COMMERCIAL GENERAL LIABILITY	ועפווו	1440	I VAIOT HOMESIN	(MARIDDITITI)	(annicon 111)	EACH OCCURRENCE		00,000			
CLAIMS-MADE OCCUR	$ \times $		N-2122-5	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$				
						MED EXP (Any one person)	\$				
						PERSONAL & ADV INJURY	\$				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$				
POLICY PRO- JECT LOC				1		PRODUCTS - COMP/OP AGG	\$				
OTHER:							\$				
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO						BODILY INJURY (Per person)	\$				
OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$				
HIRED NON-OWNED						PROPERTY DAMAGE	\$				
AUTOS ONLY AUTOS ONLY						(Per accident)	\$				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DED RETENTION \$							\$				
WORKERS COMPENSATION						PER OTH-					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE		-			
If yes, describe under						E.L. DISEASE - POLICY LIMIT	5				
DÉSCRIPTION OF OPERATIONS below							•				
•						0	202				
						倍化	emploid				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ER 14C	OBD 4	04. Additional Damarka Cahadula	may be attached if may		्रिक् इ.स. न्यू	<u></u>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	OKD I	or, Adollional Remarks Schedule,	may be attached it more	space is required)	ଠୁଲ					
						G (1				
						× ×					
						A MA	į Z				
Mainstreet of Fremont is considered an additional insured for liability coverage associated with the agreement it has entered into											
With the modes				<u> </u>							
CERTIFICATE HOLDER				CANCELLATION	٧	rt					
Mainstreet of Fremont				232121220000000000000000000000000000000		WALKERS SHOWER SO A	12.552				
605 N Broad Street						ESCRIBED POLICIES BE C REOF, NOTICE WILL I					
Fremont, NE 68025				ACCORDANCE V			DEI	TIPENED IN			
				AUTHORIZED REPRES	SENTATIVE		1	,			