



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	NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:	
		PHONE (A/C, No, Ext): (402) 742-9220	FAX (A/C, No): (402) 742-9230
		E-MAIL ADDRESS: larry@nirma.info	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	
INSURED	Dodge County 435 N Park Fremont, NE 68025	INSURER A: NE Intergovernmental Risk Mgmt. Assn.	NAIC # 53750
		INSURER B:	
		INSURER C:	
		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)

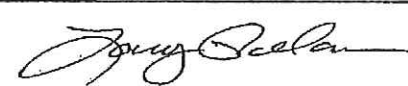
RE: 2017 Caterpillar 323FL Hydraulic Excavator, serial no. YEJ10027, value of \$225,500
Caterpillar Financial Services Corporation is considered a loss payee with respects to specified equipment for the duration of the Insured's legal interest in the property

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 REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC				BUSINESS INCOME	\$
	BROAD				EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> Per Sched	\$2,680,516
	CAUSES OF LOSS				<input checked="" type="checkbox"/> Deductible	\$1,000
	NAMED PERILS	POLICY NUMBER				\$
		NP-2122-5				\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$

RECEIVED
 Dodge County Hwyway Dept
 JUN 14 2021 11:57 AM

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Caterpillar Financial Services Corporation 2120 West End Avenue Nashville, TN 37203	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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Policy Number:

CERTIFICATE OF PROPERTY INSURANCE

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

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PRODUCER NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME: PHONE (A/C No. Ex): (402) 742-9220 E-MAIL ADDRESS: larry@nirma.info PRODUCER CUSTOMER ID:	FAX (A/C, No): (402) 742-9230
INSURED Dodge County 435 N Park Fremont, NE 68025	INSURER(S) AFFORDING COVERAGE INSURER A: NE Intergovernmental Risk Mgmt. Assn. NAIC# 53750 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY	DEDUCTIBLES					
	<input type="checkbox"/> BASIC	BUILDING				BUILDING	\$
	<input type="checkbox"/> BROAD	CONTENTS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> SPECIAL					BUSINESS INCOME	\$
	<input type="checkbox"/> EARTHQUAKE	EXTRA EXPENSE				\$	
	<input type="checkbox"/> WIND	RENTAL VALUE				\$	
	<input type="checkbox"/> FLOOD	BLANKET BUILDING				\$	
		BLANKET PERS PROP				\$	
			BLANKET BLDG & PP	\$			
							\$
A	<input checked="" type="checkbox"/> INLAND MARINE	TYPE OF POLICY		7/1/2021	7/1/2022	<input checked="" type="checkbox"/> Per Schedule	\$5,082,562
	<input type="checkbox"/> CAUSES OF LOSS	POLICY NUMBER NP-2122-5					\$
	<input type="checkbox"/> NAMED PERILS						\$
	<input type="checkbox"/> CRIME	TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RECEIVED
2021 JUN 14 AM 11:57
Dodge County Hwy Dept

CERTIFICATE HOLDER Caterpillar Financial Services Corporation Attn: Andrew Kacynski 2120 West End Avenue Nashville, TN 37203	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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Policy Number:

Date Entered: 11/24/2020

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

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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 NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(402) 742-9220	FAX (A/C, No): (402) 742-9230
	E-MAIL ADDRESS:	larry@nirma.info	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	NE Intergovernmental Risk Mgmt. Assn.	53750
INSURED Dodge County 435 N Park Fremont, NE 68025	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		N-2122-5	7/1/2021	7/1/2022	EACH OCCURRENCE	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						MED EXP (Any one person)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED: RETENTION \$						PERSONAL & ADV INJURY	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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 an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property

CERTIFICATE HOLDER**CANCELLATION**

Caterpillar Financial Services Corporation
Attn: Andrew Kacynski
2120 West End Avenue
Nashville, TN 37203

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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RECEIVED
 2021 JUN 14 AM 1:57
 Dodge County Dept



Policy Number:

Date Entered: 11/28/2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

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PRODUCER NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(402) 742-9220	FAX (A/C, No): (402) 742-9230
	E-MAIL ADDRESS:	larry@nirma.info	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	NE Intergovernmental Risk Mgmt.Assn.	53750
INSURED Dodge County 435 N Park Fremont, NE 68025	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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	<input checked="" type="checkbox"/>		N-2122-5	7/1/2021	7/1/2022	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						MED EXP (Any one person)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED: RETENTION \$						PERSONAL & ADV INJURY	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

RE: 2017 Caterpillar 323FL Hydraulic Excavator, serial no. YEJ10027, value of \$225,500
Caterpillar Financial Services Corporation is considered an additional insured with respects to liability coverage associated with specified equipment for the duration of the Insured's legal interest in the property

CERTIFICATE HOLDER**CANCELLATION**

Caterpillar Financial Services Corporation
2120 West End Avenue
Nashville, TN 37203

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

RECEIVED
 2021 JUN 14 AM 11:57
 Dodge County Highway Dept

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Policy Number:

Date Entered: 4/29/2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

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PRODUCER NIRMA 8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516	CONTACT NAME:		
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	E-MAIL ADDRESS:	larry@nirma.info	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	NE Intergovernmental Risk Mgmt. Assn.	53750
INSURED Dodge County 435 N Park Fremont, NE 68025	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COPY

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		N-2122-5	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is considered an additional insured with respect to liability coverage associated with equipment used for county weed spraying operations

RECEIVED
 2021 JUN 14 AM 11:57
 Dodge Co Hwyway Dept

CERTIFICATE HOLDER**CANCELLATION**

Papio-Missouri River NRD 8901 S 154th Street Omaha, NE 68138	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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Policy Number:

Date Entered: 6/15/2010

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2021

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	E-MAIL ADDRESS: larry@nirma.info		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NE Intergovernmental Risk Mgmt. Assn.		53750
INSURED Dodge County 435 N Park Fremont, NE 68025	INSURER B:		
	INSURER C:		
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	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	N-2122-5	7/1/2021	7/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Mainstreet of Fremont is considered an additional insured for liability coverage associated with the agreement it has entered into with the Insured

RECEIVED
 Dodge County
 2021 JUN 14 AM 11:57
 Dept

CERTIFICATE HOLDER**CANCELLATION**

Mainstreet of Fremont 605 N Broad Street 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

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