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Date //.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/11/2022

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.

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). CONTACT Timothy J McClintock PRODUCER FAX (A/C, No): 712-277-3015 McClintock Insurance Inc. PHONE (A/C, No, Ext): E-MAIL T 712-277-4600 908 Pierce Street E-MAIL Timm@mcclintockinsurance.com PO Box 3627 Sioux City, IA 511023627 NAIC# INSURER(S) AFFORDING COVERAGE SCOTT1 Scottsdale Insurance Company INSURER A: INSURER B: Auto-Owners Insurance Co. 18988 Certified Testing Services Incorporated INSURED 419 West 6th Street INSURER C PO Box 1193 INSURER D Sioux City, IA 51102 INSURER E INSURER F: REVISION NUMBER: CERTIFICATE NUMBER

COV	ERAGES CER	TIFIC	MIL	NOWDER.		o	ALLED ABOVE FOR THE D	OLIC	V DEDIOD	
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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s		
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	VRS0005654		02/07/2023	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	150,000	
	ODMINO III/IBE				4 4 5		MED EXP (Any one person)	\$	10,000	
	9			Property of the American Conference of the Ameri			PERSONAL, & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:			The same of the sa	74		GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-	- 9		enter Turning			PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:				ed st			\$		
В	AUTOMOBILE LIABILITY			9621895400	02/07/2022	02/07/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	✓ ANY AUTO					4	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS	Ì	ľ				BODILY INJURY (Per accident)	\$		
1	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY				ľ		PROPERTY DAMAGE (Per accident)	\$		
1	ASTOC SHET							\$		
Α	UMBRELLA LIAB OCCUR			VES0003601	02/07/2022	02/07/2023	EACH OCCURRENCE	\$	5,000,000	
	Z EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000	
	DED RETENTION \$ 10,000						/ DCD OTH	\$		
В	WORKERS COMPENSATION			39071152	02/07/2022	02/07/2023	PER STATUTE OTH-	-	4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		5			E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			\ \max_====================================	00/07/0000	00/07/0000	E.L. DISEASE - POLICY LIMIT	\$		
В	Professional Liability	1		VRS0005654	02/07/2022 02/07/2022	02/07/2023	Professional Liability		\$,2,000,000 \$2,000,000	
В	Pollution Liability			VRS0005654	02/01/2022	02/01/2020	Pollution Liability	b	Ψ2,000,000	
			<u> </u>			to as sector di	L	₹_		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Pro	of of Insurance.							===		
							⇒ (*) **	-		
P.										
(1)										
CE	RTIFICATE HOLDER		-					5		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								LLED BEFORE		
					THE EXPIRATIO	N DATE THE	REOF, NOTICE WILL B	E	DELIVERED IN	
5.0	Dodge County ACCORDANCE WITH THE POLICY PROVISIONS.									

AUTHORIZED REPRESENTATIVE

435 N Park Fremont, NE 68025