	ERT ELO	IFICATE DOES NO W. THIS CERTIFI	OT AFFIRM CATE OF I	ATIVE NSUR/	LY O	R NE	NFORMATION ONLY AND GATIVELY AMEND, EXTE ES NOT CONSTITUTE A C	ND OR	ALTER THE C	COVERAGE	AFFORDED BY THE POL	R. THI		
IN	EPR IPO	RESENTATIVE OR	PRODUCE	R, ANI der is	An Al	E CEI	RTIFICATE HOLDER. ONAL INSURED, the polic licies may require an endo	cv(ies) ı	must be endo	rsed. If SUE	ROGATION IS WAIVED.	sublec	f to	
Ċ	ertifi	icate holder in lieu	of such e	ndorse	emen	t(\$).	notes may require an end	Olegine	ur A srardlik	ent on this of	ermegre does not come	rugnæ	to the	
PRODUCER								CONTACT House account						
Swa	пво	on Insurançe a	and Real	Esta	te			FHONE [A/C, No, Ext): (402) 664-3500 [FAX [A/C, No]: (402) 664-3415						
505	Ma	in Street						E-MAIL ADDRESS:						
P.C	. B	30x 408							NAIC #					
Sor	ibn	er	NE	680	57-	0408		INSURERA: EMC Insurance Companies					10/11/2-17	
INSU	RED		•				O .	INEL/Drin p					1 1	
Nic	ker	son Township						INSURER C: Agenda Item #_					25a	
¢/¢	Ms	. Nancy O'Con	nor					INSURER D: Date 3/9/30						
2108 CR O						INSURER E :								
FIG	Don	it .	NE	680)NSURE	RF:		3			
		AGES					NUMBER: CL16418001				REVISION NUMBER:		·	
CI	DIC/ ERTI	ATED. NOTWITMSTA FICATE MAY BE ISS	ANDING ANY UED OR MA	/ REQL Y PER	JIREN TAIN, OLICI	IENT, THE I IEŞ. LI	CE LISTED BELOW HAVE BE TERM OR CONDITION OF AN NSURANCE AFFORDED BY MITS SHOWN MAY HAVE BE	THE POL	TRACT OR OTH LICIES DESCRI	IER DOCUME BED HEREIN	NT WITH RESPECT TO WH	ICH THIS	D 3	
INSR LTR		TYPE OF INSU	RANCE		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	ж	COMMERCIAL GENER	AL LIABILITY								EACH OCCURRENCE	5	1,000,000	
A		CLAIMS-MADE	x OCCUR	3							DAMAGE YO RENTED PREMISES (EB occurrence)	\$	300,000	
		276					234-59-72		3/2/2022	3/2/2023	MED EXP (Any one person)	S	5,000	
											PERSONAL & ADV INJURY	s	1,000,000	
	GEN	LAGGREGATE LIMITA	PPLIES PER:								GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO-	Loc								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								intia a santa		\$		
	AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A		ANY AUTO				1					BÔDILY INJURY (Per person)	5	·	
		ALL OWNED X	SCHEDULE AUTOS NON-OWNE				2X4-59-72		3/2/2022	3/2/2023	BODILY INJURY (Per accident)	š.		
		HIRED AUTOS	AUTOS	=U							PROPERTY DAMAGE (Per accident)	S		
												\$		
		UMBRELLA LIAB OCCUR									EACH OCCURRENCE	s	1,000,000	
A	х	EXCESS LIAB	CLAIMS	-MADE							AGGREGATE	\$	1,000,000	
	MOE	DED RETENTI		-			2X4-59-72		3/2/2022	3/2/2023	Less I Lory	\$		
	WORKERS OF CHEMICAL AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)							1			× PER STATUTE ER			
2										1 1000 100	E.L. EACH ACCIDENT	\$	500,000	
A	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						2X4-59-72		3/2/2022	3/2/2023	E.L DISEASE - EA EMPLOYEE	\$	500,000	
	DES	CRIPTION OF OPERATION	Noled 2NC								E.L. DISEASE - POLICY LIMIT	5	500,000	
						ļ	8.1							
DESC	RIPT	ION OF OPERATIONS / L	OÇATIONS / V	EHICLES	S (ACC	ORD 10) 1. Additional Remarks Schedule, m	nav be atte	Ched If more space	e is required)	0	2		
							,			1-10-1		022		
											dia Ti	FEB		
min w														
											\$ 5	-		
											E B	3		
CERTIFICATE HOLDER								CANCELLATION						
								Cannor			7:3	N		
	Б	adaa Camata	Ui ahee-	, Da-	\n-A	m.c=	4				SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER		BEFORE	
Dodge County Highway Department 435 N. Park											PROVISIONS.			
		ourthouse, F	Room 204	1										
Fremont, NE 68025								AUTHORIZED REPRESENTATIVE						
					8			L Hel	.genberger/	'LLH	Lavie He	lanter	JER.	
								7.01			ORD CORPORATION.	• •		
									9 150	O BUIT MUI	CITE COM CICKLICIA	vii riâi	10001AAN	

CERTIFICATE OF LIABILITY INSURANCE

No. 8224 P. 1:MM/DD/7777)

2/23/2022

CERTIFICATE HOLDER

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.

Room 204

Fremont, NE 68025

Karleen Meyer/KKM

Authorized Representative

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/23/2022

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.

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).

	S Cer	tificate does not confer rights to t	ne c	ertific	cate nolder in lieu of such							
PRODUCER CONTACT Joanne Mohn NAME: PHONE (402) 434-7272 FAX (402) 434-7272												
UNITEL							PHONE (402) 434-7200 FAX (A/C, No): (402) 434-7272					
1128	Linco	In Mali	6	7		E-MAIL jmohn@unitelinsurance.com						
Suite 200							INSURER(S) AFFORDING COVERAGE				NAIC #	
UNITEL 1128 Lincoln Mall Suite 200 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:					
1 0 500 00							INSURER E:					
Jackson NE 68743							INSURER F:					
COV	EBA		IEIC	ATE N		REVISION NUMBER:						
	COVERAGES CERTIFICATE NUMBER: 22-23 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.												
INSR LTR			ADDL INSD	SUBRI	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
LIK	X	COMMERCIAL GENERAL LIABILITY	חפאו	WVD	POLICI NUMBER		(MIM/DD/TTTT)	(MIMIODITTT)	EACH OCCURRENCE	s 1,000,	000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,00		
		CLAIMS-MADE Z OCCUR							33 1 200	\$ 5,000		
Α					1RU0169260		03/01/2022	03/01/2023	MED EXP (Any one person)	\$ 1,000,000		
	Ш-								PERSONAL & ADV INJURY	11.0.0.0		
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	0.000.000		
		JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		OTHER:							COMBINED SINGLE LIMIT	\$ 1,000,	000	
	—	MOBILE LIABILITY		- 21					(Ea accident) BODILY INJURY (Per person)			
		ANY AUTO SCHEDULED		-	4D110400000		02/04/2022	02/04/2022				
Α	<u> </u>	AUTOS ONLY AUTOS			1RU0169260		03/01/2022	03/01/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE			
	\times	AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
										\$		
A	X	JMBRELLA LIAB CCCUR			0.	03/01/2022		03/01/2023	EACH OCCURRENCE	\$ 10,000,000		
	E	EXCESS LIAB CLAIMS-MADE			1CB0169261		03/01/2022		AGGREGATE	\$ 10,000,000		
	1	DED RETENTION \$ 10,000								\$		
		ERS COMPENSATION MPLOYERS' LIABILITY							➤ PER OTH-			
В		NY PROPRIETOR/PARTNER/EXECUTIVE Y FFICER/MEMBER EXCLUDED?			91WEAD0RSB		03/01/2022	03/01/2023	E.L. EACH ACCIDENT	\$ 500,000		
185	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE			
If yes		describe under RIPTION OF OPERATIONS below	0						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
					_							
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	Em 25											
CERTIFICATE HOLDER CANCELLATION												
		Dodge County Highway Departn 435 N Park	nent		ii.	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						
Fremont NE 68025						The Jam						