ACORD

Policy Number:

Agenda Item

Date Entered: 6/15/2010

CERTIFICATE OF LIABILITY RUPANCE

Date Entered: 6/15/2010 1/29/2: DATE (MM/DD/YYYY) 6/15/2022

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.

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PRODUCER			00111	Cate Holder III lied of Such	ONTACT Larry			
NODUGEN	NIRMA		_	Ň	HONE (400	Petan	FAX //O	21740 0020
	8040 Eiger Drive		//		HONE A/C, No, Ext): (402	0)/42-9220		2)742-9230
	P.O. Box 85210	٧		<u>/</u>	-MAIL DDRESS: larry(
	Lincoln, NE 68516		\vee	_			RDING COVERAGE	NAIC#
SURED	Dodas Gambin					icergoverii	mental Risk Mgmt.Ass	1.53/50
SUNLO	Dodge County				NSURER B:			
	435 N Park				NSURER C:			
	Fremont, NE 68025			<u>II</u>	NSURER D :			
	Tremone, NE 00025			11	NSURER E :			
OVERA	050	T151			NSURER F:			
OVERA				NUMBER:			REVISION NUMBER:	
CERTIFI	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RECATE MAY BE ISSUED OR MAY BIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	AIN, IES. L	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED IMITS SHOWN MAY HAVE BEE	F ANY CONTRAC BY THE POLIC	T OR OTHER I	DOCUMENT WITH RESPECT T	O WHICH THIS
R R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1	,000,000
	CLAIMS-MADE OCCUR	X		N-2223-5	7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
GEN'L	AGGREGATE LIMIT APPLIES PER:			54			GENERAL AGGREGATE \$	
F	POLICY PRO-						PRODUCTS - COMP/OP AGG \$	
	OTHER:						\$	
AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
P	ANY AUTO						BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$	
1 1	HIRED NON-OWNED AUTOS ONLY				}		PROPERTY DAMAGE (Per accident) \$	
							\$	
	JMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
Е	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$						\$	
	ERS COMPENSATION MPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANY PE	ROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$	
(Manda	ER/MEMBER EXCLUDED?	NIA				İ	E.L. DISEASE - EA EMPLOYEE \$	
If yes, o	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
							Do at	2022
	eet of Fremont is considered a	9.50			=0		Oo Hywg	UW 22 Pictor

with the Insured

CERTIFICATE HOLDER

CANCELLATION

CANCELLATION

CANCELLATION

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

Tour Ocelan

Date Entered: 5/13/2022

DATE (MM/DD/YYYY)

6/15/2022

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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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PRODUCER			CONTACT NAME:	
	NIRMA		PHONE [A/C, No, Ext): (402) 742-9220 FAX (A/C, No): (402) 7	42-9230
	8040 Eiger Drive	4 >	E-MAIL ADDRESS: larry@nirma.info	
	P.O. Box 85210		Employed Statement of Control of Control of Control of Statement of Control o	Nov. American
	* COET		INSURER(S) AFFORDING COVERAGE	NAIC #
	Lincoln, NE 6851		INSURERA: NE Intergovernmental Risk Mgmt.Assn.	53750
INSURED	Dodge County	*O_	INSURER B:	_
			INSURER C:	
	435 N Park	A Comment of the Comm	INSURER D:	
	Fremont, NE 68025		INSURER E:	
			INSURER F:	
0011554	000	OBBRIDO ATO AUGUSTO	DEVICE DEP	

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 INSD WVD TYPE OF INSURANCE LIMITS POLICY NUMBER LTF \$1,000,000 A COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 7/1/2022 7/1/2023 CLAIMS-MADE | OCCUR N-2223-5 PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLALIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE S DED **RETENTION \$** WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT NIA OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT O DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (-1) RE: Dodge County Election Commission Polling Place Metropolitan Community College is considered an additional insured with respects to liability coverage ç CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Metropolitan Community College THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Attn: Hanne Kruse ACCORDANCE WITH THE POLICY PROVISIONS. P.O. Box 3777 Omaha, NE 68103-0777 AUTHORIZED REPRESENTATIVE us Ocela

Date Entered: 4/29/2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2022

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	ROGATION IS WAIVED, subject tilicate does not confer rights to							equire an endorsement.	A Sta	tement on
PRODUCER						NTACT Larry				
20-00-00-00-00-00-00-00-00-00-00-00-00-0	NIRMA	/	\nearrow		PH	ONE C. No. Ext): (402	742-9220	FAX (A/C, No): (402)	742-9230
	8040 Eiger Drive	4		/	E-N	MAIL DRESS: larry@	nirma.info			
	P.O. Box 85210		/			A CONTRACTOR OF THE PARTY OF TH	NSURER(S) AFFOR			NAIC#
	Lincoln, NE 68516			C	INS	SURERA: NE IT	tergovernm	ental Risk Mgmt.A	ssn.	53750
INSURED	Dodge County			Up.	INS	SURER B :				
					INS	SURER C:				
	435 N Park				INS	SURER D :				
	Fremont, NE 68025				INS	SURER E :				
					INS	SURERF:		DEMOION NUMBER		
COVERA	TO CERTIFY THAT THE POLICIES			NUMBER:	<i>(</i> C	DEEN ICCUED T		REVISION NUMBER:	E POI	ICY BEDIOD
INDICAT CERTIFI EXCLUS	TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY I BIONS AND CONDITIONS OF SUCH F	QUIRE PERTA POLICIE	MEN MN, ES.L	NT, TERM OR CONDITION THE INSURANCE AFFORDI IMITS SHOWN MAY HAVE B	OF ED	ANY CONTRAC BY THE POLICI NREDUCED BY I	T OR OTHER D ES DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPECT	T TO I	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY					to VEV			\$1,0	00,000
	CLAIMS-MADE OCCUR	X		N-2223-5		7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	s
								PERSONAL & ADV INJURY	\$	
GEN'I	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
AUTO	MOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	• 3
	OTUA YMA						į į	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY								\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								7	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$				_				\$	
ANDE	KERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY P	PROPRIETOR/PARTNER/EXECUTIVE PROPRIETOR/PARTNER/EXECUTIVE DECIMENTS IN NH)	N/A						E.L. EACH ACCIDENT	\$	
(Mano	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
DESC	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								Dog	7707	
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICL	ES /ACI	ORD 1	101. Additional Remarks Schedule.	mar	y be attached If more	space is required)			
DESOR!	on or or Etayllono, Looving to Taillo	y				,		9.0 3.0	7.2 MD)
	ite holder is considered an ad			nsured with respect to	lia	ability covera	ge associated	with equipment	-r:	?
							This is a second of the second	47.1	Ċ.	
CERTIFI	ICATE HOLDER				С	ANCELLATIO	N	Tip	<u>C</u>)
	Papio-Missouri River NRE 8901 S 154th Street Omaha, NE 68138)		o.		SHOULD ANY O	F THE ABOVE D	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
					-					

Date Entered: 10/25/2021

DATE (MM/DD/YYYY)

6/15/2022

CERTIFICATE OF LIABILITY INSURANCE

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this certific	ate does not confer rights to	the c	ertifi	cate holder in lieu of suc					-		
PRODUCER	IRMA				CONTACT Larry	Pelan					
	1KMA 040 Eiger Drive		15			742-9220	(A/C, No):	(402)	742-9230		
	en ordinale i fred kroti 🏲 ustravija. Transport reproduktiva i zavij	4		>	E-MAIL ADDRESS: larry@	nirma.info)				
	.O. Box 85210	1	//			NSURER(S) AFFOR			NAIC#		
L	incoln, NE 68516				INSURER A: NE II	ntergovernm	mental Risk Mgmt.	Assn.	53750		
INSURED DO	dge County				INSURER B:						
					INSURER C:						
43	5 N Park				INSURER D:						
Fr	emont, NE 68025			A Comment	INSURER E:						
					INSURER F:						
COVERAGE				NUMBER:			REVISION NUMBER:				
INDICATED.	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY I S AND CONDITIONS OF SUCH P	QUIRE	EMEN AIN. T	T, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY CONTRAC ED BY THE POLIC	T OR OTHER DIES DESCRIBED	OCUMENT WITH RESPE	CT TO V	WHICH THIS		
IN\$R LTR	TYPE OF INSURANCE	ADDL !	SUBRI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
	MERCIAL GENERAL LIABILITY	Mago	.,,,,		1	J	EACH OCCURRENCE	\$1,0	00,000		
	CLAIMS-MADE OCCUR	X		N-2223-5	7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	s			
							MED EXP (Any one person)	\$			
			1				PERSONAL & ADV INJURY	s			
GEN'L AGO	GREGATE LIMIT APPLIES PER:		-				GENERAL AGGREGATE	\$			
POLIC	CY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$			
OTHE	ER:							\$			
AUTOMOB	ILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY	AUTO		1				BODILY INJURY (Per person)	\$			
OWN	ED SCHEDULED AUTOS		1				BODILY INJURY (Per accident)	\$			
HIRE							PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBI	RELLA LIAB OCCUR						EACH OCCURRENCE	\$			
EXCE	ESS LIAB CLAIMS-MADE					1	AGGREGATE	\$			
DED	RETENTION \$							\$			
	COMPENSATION OYERS' LIABILITY						PER OTH-				
ANY PROPE	RIETOR/PARTNER/EXECUTIVE	N/A					E.L EACH ACCIDENT	\$			
(Mandatory		"''					E.L. DISEASE - EA EMPLOYEE	\$			
If yes, described DESCRIPT	ribe under ION OF OPERATIONS below						E.L. DISEASE - POLICY-LIMIT	\$ 500			
	en e			Control of the Contro			O mr.	027			
							£21.3.	12			
							(11) 4/1	Cite			
RE: Leased	FOPERATIONS/LOCATIONS/VEHICLE Building located at 33 Wesklau Foundation, Inc. is co	st 4th	ı Stre	eet, Suite 5A, Fremont	, NE 68025		erage	-10			
							763 ***	<u>'</u>			
CERTIFICA	TE HOLDER				CANCELLATIO	N					
	Rupert Dunklau Foundati P.O. Box 770 Fremont, NE 68026	on, li	nc.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	3 10				AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 06/15/2022

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R	PRE	SENTATIVE	KTIFICATE OF OR PRODUCE	INSURANCE DOES NOT CONST R, AND THE CERTIFICATE HOLDER	C STATES		nE	ISSUING INSUKEK	(3), AU	INUNIZED			
PRO	UCEF	NIRMA		-	CONTACT Lars			FΔY	(400)	742 0020			
		8040 E	iger Drive		(A/C, No, Ext):	102)742-9220		FAX (A/C, No):	(402)	742-9230			
		P.O. B	ox 85210	<i>Y</i>	ADDRESS: lari	y@nirma.info)						
			n, NE 6851	6	PRODUCER CUSTOMER ID:					NAIC II			
		#250.250.000000			INCLIDED A · NE	INSURER(S) AFFOR		tal Risk Mgmt.	Agan.	NAIC#			
NSU	KED	Dodge	County		1	THEELGOVETIM	1011	car Kibh Hgmori		33730			
			723		INSURER B:								
		435 N			INSURER C:								
		Fremon	t, NE 6802	5		INSURER D:							
					INSURER E :				-				
20	/CD	ACEC		CERTIFICATE NUMBER:	INSURER F:		REI	ISION NUMBER:					
_	-	AGES		OPERTY (Attach ACORD 101, Additional Remarks	Schedule If more space		IVE	AISION NOMBER.					
VIu vit	ti Te	errain Loade spects to spe s to certify	r, serial no. E ecified equipn THAT THE POI	act Track Loader, serial no. CW9 ZW02965, value of \$51,925. Cate nent for the duration of the Insu LICIES OF INSURANCE LISTED BELOW IN REQUIREMENT, TERM OR CONDITI MAY PERTAIN THE INSURANCE AFF	erpillar Financial red's legal intere	Services Corpor st in the proper ED TO THE INSURE	ty.	on is considered a l	HE POL	ICY PERIOD			
E	CLU	SIONS AND CO	NDITIONS OF SU	MAY PERTAIN, THE INSURANCE AFFO CH POLICIES. LIMITS SHOWN MAY HAVE	BEEN REDUCED BY	PAID CLAIMS.	I	******	3 222 0 0	- An B - 1283			
NSR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION		COVERED PROPERTY		LIMITS			
.IR		PROPERTY						BUILDING	\$				
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	S				
	Ont	BASIC	BUILDING					BUSINESS INCOME	\$				
		100000000000000000000000000000000000000						EXTRA EXPENSE	\$				
		BROAD	CONTENTS				-	RENTAL VALUE	\$				
		SPECIAL		-				BLANKET BUILDING					
		EARTHQUAKE		-				BLANKET PERS PROP	\$				
		WIND		4			-	BLANKET BLDG & PP	\$				
		FLOOD		-			-	BEARINE / BEBOUT!	\$				
				1			-		\$				
Vic	$\overline{}$		<u> </u>	TYPE OF POLICY	7/1/2022	7/1/2023	V	Per Schedule	25.0	82,562			
7		INLAND MARINE		TYPE OF POLICY	1/1/2022	,, =, =0	\Diamond	Deductible	\$1,0				
	CAL	JSES OF LOSS		DOLLOV HINDED	-				-	ā ā			
	_	NAMED PERILS		POLICY NUMBER NP - 2223 - 5	i i		-	-	\$				
_				NE-2223-3			-		\$				
		CRIME					-		\$				
	TYF	PE OF POLICY					-		\$				
_							-		\$				
		BOILER & MACH					-	<u> </u>	\$ 0	3			
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							<u></u>		\$ 6	104			
							1	9	\$ =				
PI	CIAL	CONDITIONS / OTF	HER COVERAGES (A	ACORD 101, Additional Remarks Schedule, may b	e attached it more space	is required)		WEST WAR		2			
			Marie Town	examination of the second seco				- G					
CE	CERTIFICATE HOLDER Caterpillar Financial Services Corporation Attn: Andrew Kacynski						OF, N	RIBED POLICIES BE CA IOTICE WILL BE DELIVI ROVISIONS.		D BEFORE			
		2120 W	lest End Aver lle, TN 37203	nue	AUTHORIZED REPRESENTATIVE								

ACORD

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 11/24/2020

DATE (MM/DD/YYYY) 6/15/2022

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PRO	DUCER NTPMA			CONTACT Larry	Pelan			
	NIRMA			PHONE (402	742-9220		(402)	742-9230
	8040 Eiger Drive P.O. Box 85210	<		E-MAIL ADDRESS: larry@	nirma.info	>		
	MATERIAL AND THE STATE OF THE S				NSURER(S) AFFOR			NAIC #
	Lincoln, NE 68516		<u> </u>	INSURER A: NE II	ntergovern	mental Risk Mgmt.A	Assn.	53750
INSU	RED Dodge County			INSURER B :				
			`O .	INSURER C:				
	435 N Park		70.	INSURER D :				
	Fremont, NE 68025			INSURER E :				
				INSURER F:				
CO	VERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY! XCLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICII	EMENT, TERM OR CONDITION NN, THE INSURANCE AFFORDI ES. LIMITS SHOWN MAY HAVE B	OF ANY CONTRAC	T OR OTHER I IES DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
A	COMMERCIAL GENERAL LIABILITY					LAGITOGGGINEROL	\$1,0	00,000
	CLAIMS-MADE X OCCUR	\times	N-2223-5	7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							\$	
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
	OTHER:						\$	
	AUTOMOBILE LIABILITY					(Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	- NOTES CHIEF				1		\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$		7				\$	
	WORKERS COMPENSATION					PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A				E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 15	3
			~ 32.25			(23)	C.	-
				1		6.1 - C	G	79
	200					57	. <u>N</u>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 101, Additional Remarks Schedule	, may be attached if mor	e space is required)	L	IN	5
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	2020 Caterpillar 259D3 Compact 1			o / / , value ot \$50	J, 383 and a 2	OTA Carechinar 5210 IV	nuitį.	2
rer	rain Loader, serial no. EZW02965, erpillar Financial Services Corpora	value	3 01 \$51,925	I incurred with	enacte ta lial	aility coverage accesses	od S	2 _h
	erpillar Financial Services Corpora ecified equipment for the duration				spects to list	our A coverage associat	eu W	iz.i.
spe	emed equipment for the duration	oi th	e moureu s regai miterest i	e property				****
CE	RTIFICATE HOLDER			CANCELLATIO	N	the state of the supposition and the state of the state o		
	Caterpillar Financial Servi	ces C	orporation			DESCRIBED POLICIES BE C. FREOF. NOTICE WILL E		
	Attn: Andrew Kacynski			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	2120 West End Avenue							
	Nashville, TN 37203			AUTHORIZED REPRE	SENTATIVE	7		7
					,	Jones Sc	060	·
	i i					- / 0		



DATE (MM/DD/YYYY)

06/15/2022

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PROD		NIRMA 8040 Ei P.O. Bo	iger Drive ox 85210 n, NE 68516		(A/C, NO, EXI):	y Pelan 02)742-9220 y@nirma.info			(402)7	742-9230 NAIC#
INSU	RED	Dodge (County		INSURER A: NE			al Risk Mgmt.A	ssn.	53750
			over the street street		INSURER B :					
		435 N	Park		INSURER C:					
		Fremon	t, NE 68025	5	INSURER D:					
					INSURER E:					
					INSURER F:					
		AGES		CERTIFICATE NUMBER: PERTY (Attach ACORD 101, Additional Remarks S			KEV	ISION NUMBER:		
RE: Cate	202: erpil	1 Cat M320F lar Financial 's legal interes	, serial no. FB Services Corp est in the pro	200873, value \$288,270 poration is considered a loss paye perty ICIES OF INSURANCE LISTED BELOW	e with respects	to specified equ	ED N	IAMED ABOVE FOR TH	HE POLI	CY PERIOD VHICH THIS
CI	DTE	CATE MAY BI	E ISSUED OR I	MAY PERTAIN, THE INSURANCE AFFOR CH POLICIES, LIMITS SHOWN MAY HAVE B	RDED BY THE PO	LICIES DESCRIBEL) HE	REIN IS SUBJECT TO	ALL I	HE TERMS,
INSR	.0.0	TYPE OF INS	and the second s	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION		COVERED PROPERTY		LIMITS
LTR		PROPERTY			,	,		BUILDING	\$	
	CAL	ggermannen er	DEDUCTIBLES					PERSONAL PROPERTY	\$	
		BASIC	BUILDING					BUSINESS INCOME	\$	
		BROAD	CONTENTS					EXTRA EXPENSE	\$	
		SPECIAL	CONTENTO					RENTAL VALUE	\$	
		EARTHQUAKE					L.	BLANKET BUILDING	\$	
		WIND					İ	BLANKET PERS PROP	\$	
		FLOOD						BLANKET BLDG & PP	\$	**
							_		\$	
					T /1 /0000	7/1/2023	~	Per Schedule	\$	23,257
A	X	INLAND MARINE		TYPE OF POLICY	7/1/2022	7/1/2023	(Deductible	\$1,00	
	CAL	JSES OF LOSS		POLICY ALL HAPED				Deddedibie		
		NAMED PERILS		POLICY NUMBER NP - 2223 - 5			-		\$	
		CRIME					-		\$	
		- Paractación							\$	
	IYF	PE OF POLICY							\$	
	\vdash	BOILER & MACHI	NERY /						\$	
	1	EQUIPMENT BRE	AKDOWN					GD_	\$ 1~	2
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								$\nabla \dot{a}$	\$ c	
SPE	CIAL (CONDITIONS / OTH	ER COVERAGES (A	CORD 101, Additional Remarks Schedule, may be	attached if more space i	s required)))
CF	RTII	FICATE HOLD	ER		CANCELLAT	ION		城 科	CAC	
		Caterpi Attn: Za	llar Financial ach Fisher	Services Corporation	THE EXPIRA ACCORDANG	TION DATE THEREC	OF, N	RIBED POLICIES BE CA OTICE WILL BE DELIVE ROVISIONS.	NCELLE RED IN	
	2120 West End Avenue Nashville, TN 37203 Authorized Representative									

Date Entered: 7/13/2021

DATE (MM/DD/YYYY)

6/15/2022

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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 policles may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

RODICER

| CONTACT | Larry | Pelan |

NIRMA	NAME:	PHONE (402) 742-9220 (AC, No): (402) 742-9230						
8040 Eiger Drive	(A/C, No	PHONE (A/C, No, Ext): (402)742-9220 FAX (A/C, No): (402)742-9230 E-MAIL larry@nirma.info						
P.O. Box 85210	ADDRE				т			
Lincoln, NE 68516	INSURE		isurer(s) Affor tergovernm	DING COVERAGE Nental Risk Mgmt.A	Assn.	NAIC# 53750		
INSURED Dodge County	INSURE					- 100		
	INSURE	RC:						
435 N Park	INSURE	RD:						
Fremont, NE 68025	INSURE	RE:						
	INSURE							
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN	ONDITION OF AN E AFFORDED BY MAY HAVE BEEN RE	Y CONTRACT THE POLICI EDUCED BY F	T OR OTHER DES DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	T TO V	VHICH THIS		
INSR TYPE OF INSURANCE INSD WYD POLICY IN	UMBER (POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ŝ			
A COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$1,0	00,000		
CLAIMS-MADE OCCUR N-2223-5	7/1	L/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	İ			MED EXP (Any one person)	\$			
	1			PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:	1			GENERAL AGGREGATE	\$			
POLICY PRO- LOC	1			PRODUCTS - COMP/OP AGG	\$			
OTHER:					\$			
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO				BODILY INJURY (Per person)	\$			
OWNED SCHEDULED				BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS NON-OWNED NON-OWNED NON-OWNED				PROPERTY DAMAGE (Per accident)	\$			
AUTOS ONLY AUTOS ONLY				() or desidently	\$			
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$			
DED RETENTION \$					\$			
WORKERS COMPENSATION				PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS DEION				U	~	5		
				G G	7707	5		
				fir ₹₹1		5		
RE: 2021 Cat M320F, serial no. FB200873, value \$288,270 Caterpillar Financial Services Corporation is considered an	additional insur	ed with re			温へくな	2		
specified equipment for the duration of the Insured's legal	interest in the	property		CD)		
CERTIFICATE HOLDER	CAN	CELLATIO	V	-	~~	1		
Caterpillar Financial Services Corporation Attn: Zach Fisher 2120 West End Avenue	SHO	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	AUTHO	ORIZED REPRES	SENTATIVE	7	/	7		
•				Jones So	260	r		



DATE (MM/DD/YYYY) 06/15/2022

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BE	LOW.	THIS CER	RTIFICATE OF OR PRODUCER	INSURANCE DOES NOT CONST R, AND THE CERTIFICATE HOLDER	•		HE IS	SSUING INSURER(S), AU1	THORIZED
	UCER	NIRMA			CONTACT Lari					
			ger Drive		TAY TROUBALL	02)742-9220		FAX (A/C, No):	(402)7	42-9230
			x 85210		E-MAIL ADDRESS: larr	y@nirma.info	0			
			, NE 68516		PRODUCER CUSTOMER ID:				<i></i>	
INCLI					INSURER A · NE	INSURER(S) AFFOR		COVERAGE al Risk Mgmt.	Assn.	53750
INSUI	KED	Dodge (county		INSURER B:	Intergoverin		az Kibit riginoti		33730
		405			INSURER C:					
		435 N I	erk :, NE 68025		INSURER D :		-			
		I I CHIOII	.,		INSURER E :					
					INSURER F:					
CO	/ERAC	GES		CERTIFICATE NUMBER:			REVI	SION NUMBER:		
LOCA	TION OF	PREMISES / DE	SCRIPTION OF PRO	PERTY (Attach ACORD 101, Additional Remarks	s Schedule, if more space	is required)				
nr.	2024	Cakaus III au	150 15AWD I	Motor Grader, serial no. EB5004	70 valuo \$404 S	75				
KE:	ZUZI	Laterpillar	TOO-TOANNO I	poration is considered a loss pay	oo with respects	to specified ear	uinm	ent for the durati	ion of t	he
			est in the pro		ee with respects	to specified eq.	p	cition into durac.		
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IN	DICATE	D. NOTWIT	HSTANDING AN'	Y REQUIREMENT, TERM OR CONDITI MAY PERTAIN. THE INSURANCE AFFO	ON OF ANY CONTR ORDED BY THE PO	RACT OR OTHER I LICIES DESCRIBED	DOCU	MENT WITH RESPEC	:: 10 V	VHICH THIS
E	CLUSIO	ONS AND CON	IDITIONS OF SUC	CH POLICIES. LIMITS SHOWN MAY HAVE	POLICY EFFECTIVE	PAID CLAIMS. POLICY EXPIRATION				AND AND THE PARTY.
INSR LTR		TYPE OF INSI	JRANCE	POLICY NUMBER	DATE (MM/DD/YYYY)		C	OVERED PROPERTY		LIMITS
	PI	ROPERTY						BUILDING	\$	
	CAUSE	ES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
	BA	ASIC	BUILDING			1		BUSINESS INCOME	\$	
	BF	ROAD	CONTENTS				Ш	EXTRA EXPENSE	\$	
	SF	PECIAL					Ш'	RENTAL VALUE	\$	
	E/	ARTHQUAKE						BLANKET BUILDING	\$	
	W	DAI						BLANKET PERS PROP	\$	
	FL	LOOD					-	BLANKET BLDG & PP	\$	
		19-10-10-04					Н		\$	
					7/1/2022	7/1/2023	V	er Schedule	\$	18,832
A		NLAND MARINE		TYPE OF POLICY	7/1/2022	//1/2023	()	eductible	\$1,00	
		ES OF LOSS			-		P	eddccrprc.	-	,,,
	N N	IAMED PERILS		POLICY NUMBER NP - 2223 - 5			-		\$	
		Tours		145-2223-3			++		\$	
		RIME					H		\$	
	TYPE	OF POLICY					\vdash		\$	
	 	BOILER & MACHI	NERY /		-	 	+		0 2	?
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SPF	CIAL CO	NDITIONS / OTH	ER COVERAGES (A	CORD 101, Additional Remarks Schedule, may b	e attached if more space i	is required)		Dr. C	N	
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		01751151			CANCELLAS	FION				
CE	RTIFIC	CATE HOLD	EK		CANCELLAT	I I VIV				
			llar Financial	Services Corporation	THE EXPIRA		OF, NO	IBED POLICIES BE CA TICE WILL BE DELIVE DVISIONS.		D BEFORE
			est End Aven	ue	AUTHORIZED RE	PRESENTATIVE)
			le, TN 37203			AUTHORIZED REPRESENTATIVE				

PRODUCER

NIRMA

CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 9/29/2021

DATE (MM/DD/YYYY) 6/15/2022

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.

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P.O. Box 85210	1/	/	ADDRESS: Larry	mirma.inic)			
			E-MALL ADDRESS: larry@nirma.info					
Lincoln, NE 68516		-		NSURER(S) AFFOR			NAIC#	
			INSURER A: NE LI	rergovern	mental Risk Mgmt.	Assn.	53750	
Dodge County		Op	INSURER B:					
Manager (Marie and Sa			INSURER C :					
ENGRADO SERTO DESERVADOS			INSURER D :					
Fremont, NE 68025		1_	INSURER E :					
			INSURER F:					
							·	
CATED. NOTWITHSTANDING ANY RE	QUIREME PERTAIN,	NT, TERM OR CONDITION C THE INSURANCE AFFORDE	F ANY CONTRAC D BY THE POLIC	T OR OTHER DES DESCRIBED	DOCUMENT WITH RESPEC	OT TO WI	HICH THIS	
TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
COMMERCIAL GENERAL LIABILITY	MAD AAAD	Call Hulliday	(1111/00/1111)	(minioo/11111			0,000	
	\times	N-2223-5	7/1/2022	7/1/2023	DAMAGE TO RENTED	-		
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Laboratory of the contract of			+		COMBINED SINGLE LIMIT			
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AUTOS ONLY AUTOS					PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY			1		(Per accident)	112	-	
						0.00		
- CCCOR			Į.		EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION \$					LDED LOTH	\$		
ND EMDLOVEDS! LIABILITY				Í	STATUTE ER			
NY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$		
Mandatory in NH)	30.03.020.0				E.L. DISEASE - EA EMPLOYEE	\$		
yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		
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					t\$) <u>1</u>	02		
IPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (ACORD	101, Additional Remarks Schedule, r	nay be attached If mor	e space is required)	((4)	(
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	280 FL					51.3		
				spects to liab	ility coverage associa	ted with	1	
fied equipment for the duration	of the Ir	isured's legal interest in	the property		8429	CO		
TIFICATE HOLDER			CANCELLATIO	N	(*et			
111111111111111111111111111111111111111					7	~		
Caterpillar Financial Servi Attn: Zach Fisher 2120 West End Avenue	ces 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 AUTHORIZED REPRESENTATIVE								
	A35 N Park Fremont, NE 68025 RAGES CER SISTO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY RE LUSIONS AND CONDITIONS OF SUCH P TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COUR SENL AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY ANY AUTO OWNED AUTOS ONLY HIRED CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ CLAIMS-MADE PORKERS COMPENSATION ND EMPLOYERS' LIABILITY NO PROPRIETORIPARTMENE/EXECUTIVE FFICER/MEMBER EXCLUDED? AUTOS ONLY HIRED CALAIMS-MADE DED RETENTION \$ OPERATION S below IPTION OF OPERATIONS below COLUMN TO THE COLUMN TO	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB DED RETENTION \$ CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE COUR CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ N/A MADION OF OPERATIONS below COUR COUR COUR COUR COUR CLAIMS-MADE CLAIMS-MADE DED RETENTION \$ N/A MADION OF OPERATIONS below COUR CLAIMS-MADE N/A MADE DED RETENTION \$ N/A MADE COUR CLAIMS-MADE N/A MADE COUR CLAIMS-MADE N/A MADE COUR CLAIMS-MADE N/A MADION N/A MADION N/A MADION COUR CO	D Dodge County 435 N Park Fremont, NE 68025 ERAGES CERTIFICATE NUMBER: S IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAV CATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OR CITIFICATE MAY BE ISSUED OR MAY PERTIAN, THE INSURANCE AFFORDE LUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR COTHER DUITOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUT	D Dodge County 435 N Park Fremont, NE 68025 RAGES CERTIFICATE NUMBER: RIS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED CATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACTED HAVE BEEN ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COMMERCIAL GENERAL LIABILITY ANY AUTO OWNED AUTOS ONLY AUTO	D Dodge County 435 N Park Fremont, NE 68025 INSURER 0: INSURER 1: INSURER 0: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 3: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURCR 1: INSURER 1: INSURCR 1: INSURER 1: INSURCR 1: INSURER 1: INSURCR 1: INSURER 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1: INSURCR 1	BODGE COUNTY 435 N PARK Premont, NE 68025 RAGES CERTIFICATE NUMBER: INSURER : INSUR	D Dodge County NSURER NSU	



DATE (MM/DD/YYYY)

06/15/2022

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				INSURANCE DOES NOT CONS R, AND THE CERTIFICATE HOLDE		CT BETWEEN T	HE IS	SSUING INSURER(S), AU	THORIZED	
PROD					CONTACT Lari	y Pelan					
			iger Drive		PHONE (4	02)742-9220		FAX (A/C, No):	(402)	742-9230	
			ox 85210		E-MAIL ADDRESS: larr	y@nirma.info)				
			n, NE 6851		PRODUCER CUSTOMER ID:						
			MARK 200 - 1555 - 5555		WOUNTS & NAT	INSURER(S) AFFOR		Part Control Control Control Control	Vaan I	NAIC#	
INSU	RED	Dodge	County	4 /		Intergoverim	nenca	al Risk Mgmt.	ASSII.	53750	
					INSURER B :						
		435 N			INSURER C:						
		rremon	t, NE 6802	9	INSURER D:						
					INSURER E:						
CO	/FR	AGES		CERTIFICATE NUMBER:	INSURER F:		REVIS	SION NUMBER:			
				DPERTY (Attach ACORD 101, Additional Rema	rks Schedule, if more space						
				Motor Grader, serial no. EB300			•				
	15			poration is considered a loss pa	ayee with respects	to specified equ	uipme	ent for the durati	on		
			I interest in t		W HAVE BEEN ICONE	D TO THE INCLINE	ED MAI	MED AROVE FOR TH	HE POI	ICY PERIOD	
C	ERTI	FICATE MAY B	E ISSUED OR	ICIES OF INSURANCE LISTED BELC Y REQUIREMENT, TERM OR CONDI MAY PERTAIN, THE INSURANCE AF CH POLICIES, LIMITS SHOWN MAY HAI	FORDED BY THE PO	LICIES DESCRIBED	DOCUM HERI	MENT WITH RESPECTED IS SUBJECT TO	T TO V	WHICH THIS THE TERMS,	
INSR LTR		TYPE OF INS		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	cc	OVERED PROPERTY		LIMITS	
		PROPERTY					E	BUILDING	\$		
	CAI	USES OF LOSS	DEDUCTIBLES				F	PERSONAL PROPERTY	\$		
		BASIC	BUILDING				E	BUSINESS INCOME	\$,,,,,	
		BROAD	CONTENTS				E	EXTRA EXPENSE	\$		
		SPECIAL	COMENTO				F	RENTAL VALUE	\$		
		EARTHQUAKE					E	BLANKET BUILDING	\$		
		WIND					E	BLANKET PERS PROP	\$		
		FLOOD						BLANKET BLDG & PP	\$		
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									\$		
Α	X	INLAND MARINE		TYPE OF POLICY	7/1/2022	7/1/2023		er Schedule		39,102	
	CAL	JSES OF LOSS					XP	eductible	_{\$} 1,0	00	
		NAMED PERILS		POLICY NUMBER					\$		
		W.		NP-2223-5					\$		
		CRIME				1	Ш		\$		
	TYF	PE OF POLICY							\$		
									\$ =	2	
		BOILER & MACH						494 <u>.</u> (**1)	\$ 1		
	L.							1 40 A	\$ =		
							\vdash	S	\$ =		
	<u> </u>								\$		
SPE	CIAL	CONDITIONS / OTH	ER COVERAGES (A	CORD 101, Additional Remarks Schedule, may	be attached if more space i	s required)		37			
								A Mark		2	
									Ç.		
								報月 (5)			
CE	RTII	ICATE HOLD	ER		CANCELLAT	ION					
					THE EXPIRA	TION DATE THEREO	F, NO	BED POLICIES BE CAI		D BEFORE	
			llar Financial : elly Cook	Services Corporation	ACCORDANCE WITH THE POLICY PROVISIONS.						
			eny Cook Yest End Aven	ue	AUTHORIZED REPRESENTATIVE						
			le, TN 37203		2000 to 100 AUTHORIZED REPRESENTATIVE						

Date Entered: 12/13/2021

DATE (MM/DD/YYYY)

6/15/2022

CERTIFICATE OF LIABILITY INSURANCE

ACORD

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).

PRO	DUCER NIRMA						CONTACT Larry Pelan					
8040 Eiger Drive P.O. Box 85210 Lincoln, NE 68516							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	
INSU	URED Dodge	Count	Σ Y			OPL	INSURER B:					
435 N Park Fremont, NE 68025							INSURER C:					
							INSURER D:					
							INSURER E :					
							INSURER F:					
CO	VERAGES		CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:					
II C	NDICATED. NOTV	ITHS1	ANDING ANY RESUED OR MAY	EQUIR PERT	EMEI AIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDS IMITS SHOWN MAY HAVE B	OF ANY CONTRAC	T OR OTHER I	DOCUMENT WITH	RESPEC	TO Y	WHICH THIS
INSR ADI			ADDL	SUBR	l	POLICY EFF POLICY EXP			LIMITS			
A A				INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MMIDDIYYYY)	EACH OCCURRENC	1		00,000
••						N-2223-5	7/1/2022	7/1/2023	DAMAGE TO RENTE	D	\$	
	CLAIMS-MADE OCCUR			/		M-2223-5	1,2,2022	,,	PREMISES (Ea occur			
									MED EXP (Any one p	NO CONTRACTOR OF	\$	
									PERSONAL & ADV II	CHECKS I	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGA	ATE	\$	
	POLICY PRO-								PRODUCTS - COMP.	IOP AGG	\$	
	OTHER:								COMBINED SINGLE	LIMIT	\$	
	AUTOMOBILE LIAB	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			1850					BODILY INJURY (Per	person)		
									BODILY INJURY (Per	100 CH 10	\$	
	HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$	
	W/60 VA S VA										\$	
	UMBRELLA LI	AB	OCCUR						EACH OCCURRENC	E	\$	
	EXCESS LIAB		CLAIMS-MADE						AGGREGATE		\$	
	DED F	ETENT	ON \$								\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/P	OPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA E	MPLOYEE	\$		
							E.L. DISEASE - POLICY LIMIT \$			\$ 6	3	
					0.00.00					REE_	77	ე ე
				1						(5)	<u>_</u>	
										C) B		2
DF	SCRIPTION OF OPERA	TIONS /	LOCATIONS / VEHICL	ES IA	CORD	101, Additional Remarks Schedule,	may be attached if more	e space is required)		- J.	: 1	,
								and the state of t		100)
			12								7	J .
										\mathbb{Z}^{t}		•
RE	: 2022 Caterpil	ar 14	0-15AWD Mo	tor G	rade	er, serial no. EB300452,	value \$228,840			40	Ç)
Ca	terpillar Financ	ial Se	rvices Corpora	ation	is co	onsidered an additional	insured with re	spects to lial	oility coverage	associa	ted wi	th
sp	ecified equipm	ent fo	or the duration	of t	he Ir	nsured's legal interest i	n the property				Mrana	
						The second secon						
CI	ERTIFICATE HO	THE PERSON NAMED IN	The state of the s		C-		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.					
		• 100	Financial Serv	ices	corp	oration						
			Cook									
			End Avenue									
	Nash	ville,	TN 37203									
							AUTHORIZED REPRESENTATIVE					
							1		Sonn	Se	200	·
									- / 0			