

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/04/2022

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 express violate to the certificate holder in liquid such and response violate to the certificate holder in liquid such and response violate to the certificate holder in liquid such and response violate.

certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: CLIENT CONTACT CENTER FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED INSURER B: FEDERATED RESERVE INSURANCE COMPANY 16024 399-117-1 G & R ELECTRIC ELECTRIC, INC. INSURER C: 610 E 6TH ST INSURER D: Agenda Item # NORTH BEND, NE 68649-4417 INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: 8** REVISION NUMBER: 0 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) TYPE OF INSURANCE POLICY NUMBER LIMITS LTR \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) BUSINESS OWNER'S LIABILITY PERSONAL & ADV INJURY N 6040550 01/01/2023 01/01/2024 \$1,000,000 A N GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 X POLICY PRO-JECT \$2,000,000 PRODUCTS - COMPIOP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$1,000,000 X ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) 01/01/2024 В N Ν 6040551 01/01/2023 PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY EACH OCCURRENCE \$2,000,000 X UMBRELLA LIAB X OCCUR EXCESS LIAB Ν Ν 6040552 01/01/2023 01/01/2024 AGGREGATE \$2,000,000 CLAIMS-MADE RETENTION DED WORKERS COMPENSATION OTH-X PER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETORIPARTNERIEXECUTIVE OFFICERIMEMBER EXCLUDED? \$500,000 01/01/2024 N 6036671 01/01/2023 E.L. DISEASE - EA EMPLOYEE \$500,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L DISEASE - POLICY LIMIT \$500,000 185 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER 399-117-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE DODGE COUNTY HIGHWAY DEPT THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 435 N PARK AVE STE 204 ACCORDANCE WITH THE POLICY PROVISIONS. FREMONT, NE 68025-4977

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

ACORD.

Client#: 767462

WIESEPLUMB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

CONTACT Allyson Perry, CISR FAX (A/C, No): INSPRO, a Marsh & McLennan PHONE (A/C, No, Ext): 402-941-1925 ADDRESS: Allyson.Perry@MarshMMA.com Agency LLC, Company 4000 Pine Lake Road INSURER(S) AFFORDING COVERAGE NAIC# Lincoln, NE 68506 INSURER A : Nationwide Mutual Insurance Company 23787 11347 INSURED INSURER B : SFM Wiese Plumbing & Excavating, Inc. INSURER C: 620 Marvin Ct. INSURER D: Fremont, NE 68025 INSURER E : INSURER F :

| CO | /ERAGES CEF | RTIFICATE 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 | NSR TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | Х | Х | ACPGLDO3019947236 | | 12/12/2023 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 \$100,000 |
| | | 8 | | | | | MED EXP (Any one person) | \$10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | E | | | | | PERSONAL & ADV INJURY GENERAL AGGREGATE | \$1,000,000 \$2,000,000 |
| | POLICY X PRO- JECT LOC | | | | | 9 | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | OTHER: | | | | ¥! | | | \$ |
| Α | AUTOMOBILE LIABILITY | Х | Х | ACPBAA3019947236 | 12/12/2022 | 12/12/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | X ANY AUTO SCHEDULED | | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ |
| Α | X UMBRELLA LIAB X OCCUR | Х | Х | ACPCAA3019947236 | 12/12/2022 | 12/12/2023 | EACH OCCURRENCE | \$5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 |
| | DED X RETENTION \$0 | | | | | | loca L local | \$ |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | e l | Х | BINDER8309720 | 12/12/2022 | 12/12/2023 | - INTAINIE I IEII | 4 000 000 |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | # | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | 1 | E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| Α | DÉSCRIPTION OF OPERATIONS below Leased/ented Equi | | | ACPCIM3019947236 | 12/12/2022 | 12/12/2023 | I POTENTIAL CONTROL CO | |
| | | | | | | | | 20221 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Named Insureds: Wiese Plumbing & Excavating, Inc. L & L Boring & Trenching | | | | | | | | |
| CERTIFICATE HOLDER CAN | | | | | | | 1,) | ေ |
| | Dodge County | | | | | SCRIBED POLICIES BE CA | | |

ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Randwell E. Eikinin

© 1988-2015 ACORD CORPORATION. All rights reserved.