Agenda Item #

216

Dat CERTIFICATE OF LIABILITY INSURANCE 1/11/23

01/04/2023

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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this certificate does not confer rights to the certificate h	older in lieu of suc	ch endorsement(s).	
PRODUCER		CONTACT Marci Elam	
UNICO Group		PHONE (A/C, No. Ext): (402) 434-7200 (A	AX VC, No): (402) 434-7272
1128 Lincoln Mall		E-MAIL ADDRESS; melam@unicogroup.com	
Suite 200		INSURER(S) AFFORDING COVERAGE	NAIC#
Lincoln	NE 68508	INSURER A: Phoenix Insurance Co	25623
INSURED		INSURER B: Travelers Indemnity Company	25658
A & R Construction Co.		INSURER C: Travelers Property Casualty of America	25674
P.O. Box 121		INSURER D: Midwest Builder's Casualty	13126
701 N. 9th Street		INSURER E:	
Plainview	NE 68769	INSURER F:	
			The second secon

CO	ZERAGES CER	TIFIC	ATE	NUMBER: 23-24 All Lines			REVISION NUMBER:	
CE	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME VIN, T	NT, TE	ERM OR CONDITION OF ANY CONT SURANCE AFFORDED BY THE POL	RACT OR OTHER	R DOCUMENT I D HEREIN IS S	WITH RESPECT TO WHICH	THIS
ISR TR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS
Α	CLAIMS-MADE CCUR \$1,000 PD/Per Occ Ded Ltd Pollution-Jobsites-included GEN'LAGGREGATE LIMIT APPLIES PER:			4T-CO-4K478813-PHX-23	01/09/2023	01/09/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 300,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000

00,000 00,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 POLICY X JECT L LOC OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 1,000,000 ✓ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS В 810-3L172207-23-2S-G 01/09/2023 01/09/2024 BODILY INJURY (Per accident) \$ NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY AUTOS ONLY \$ WBRELLA LIAB OCCUR 5,000,000 EACH OCCURRENCE C **EXCESS LIAB** CUP-4K540489-23-2S 01/09/2023 01/09/2024 5,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION ➤ PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. EACH ACCIDENT D N/A WC100-0001715-2023A 01/09/2023 01/09/2024 500,000 E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT

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

Engineer: Speece Lewis, 906 S. 26th Street, Lincoln, NE 68510. The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status only when there is a written contract between the named insured and the certificate holder/entity(ies) that requires such status prior to a loss. The blanket endorsements provide additional insured status for Dodge County and Speece Lewis when required by written contract.

	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
NE 68025	Thomas Champon
	NE 68025

CI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2022

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this certificate does not confer rights to	the ce	rtificate holder in lieu of	such endo	rsement(s).	oloo illay toq				
PRODUCER			CONTA NAME:	CT Timothy J	McClintock				
McClintock Insurance Inc.		\$	PHONE	PHONE 712-277-4600 FAX (A/C. No): 712-277-3015					
908 Pierce Street PO Box 3627		>	E-MAIL	(A/C, No, Ext): E-MAIL ADDRESS: timm@mcclintockinsurance.com					
Sioux City, IA 511023627			ADDIKL			DING COVERAGE		NAIC#	
# ###################################		V (INSURE	0 11 1	ale Insurance			SCOTT1	
INSURED Certified Testing Services Incorp	orated	10.			vners Insuran			18988	
419 West 6th Street	oratoa		A .						
PO Box 1193			INSURE						
Sioux City, IA 51102		•	INSURER D : INSURER E :						
CED CED	TITICA	ATE NUMBER:	INSUR	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF			HAVE BEEN	ISSUED TO T			OLICY	PERIOD	
INDICATED NOTWITHSTANDING ANY REC	HIREM	IENT TERM OR CONDITION	ON OF ANY	CONTRACT OF	R OTHER DOO	SUMENT WITH RESPECT TO	O WHIC	H IHIS I	
CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH P	ERTAIN	J. THE INSURANCE AFFO	RDED BY TI	HE POLICIES	DESCRIBED F	IEREIN IS SUBJECT TO AL	L THE	TERMS,	
	ADDLIS	UBRI	0000	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT			
	ADDL SI INSD V		ER		02/07/2024			2,000,000	
A COMMERCIAL GENERAL LIABILITY		VRS0006375		02/01/2023	02/01/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$	150,000	
CLAIMS-MADE V OCCUR						PREMISES (Ea occurrence)	\$	10,000	
						MED EXP (Any one person)	\$	2,000,000	
						PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:				00/07/0000	00/07/0004	COMBINED SINGLE LIMIT	\$	1,000,000	
B AUTOMOBILE LIABILITY		9621895400		02/07/2023	02/07/2024	COMBINED SINGLE LIMIT (Ea accident)		1,000,000	
ANY AUTO						BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED						BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
A UMBRELLA LIAB OCCUR	3	VES0003980		02/07/2023	02/07/2024	EACH OCCURRENCE	\$	5,000,000	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000	
DED RETENTION \$ 0						A DED LOTH	\$		
B WORKERS COMPENSATION		A106576463		02/07/2023	02/07/2024	✓ PER OTH- STATUTE ER			
AND EMPLOYERS CLABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A Professional Llability		VRS0006375				Professional Liability	E	\$2,000,000	
A Pollution Liability		VRS0006375		02/07/2023	02/07/2024	Pollution Liability-	تين	\$2,000,000	
						· · · · · · · · · · · · · · · · · · ·	Tya Tya		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 101, Additional Remarks Sch	edule, may be a	attached if more s	pace is required)	3 in	- T		
Proof of Insurance.							₹ ©3		
						Table 1	Value .		
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						CACCO.			
							(T)		
CERTIFICATE HOLDER CANCELLATION									
	SH	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI	NCELLE	D BEFORE			
Dodge County				Y PROVISIONS.					
435 N Park									
Fremont, NE 68025			AUTH	AUTHORIZED REPRESENTATIVE					



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RODUCER

CONTACT Justine B. Kober, CISR Elite

Ellerbrock-Norris Agency, Inc. P.O. Box 816 Hastings, NE 68902-0816					PHONE (A/C, No, Ext): (402) 463-2461 FAX (A/C, No): (402) 463-2469						
				8		INSURE	110000000000000000000000000000000000000	SURER(S) AFFOR	RDING COVERAGE Companies	NAIC#	
INSL	IRED					INSURE					
		Thompson Construction, Inc.			, O	INSURER C:					
		2404 N. Lincoln Ave			100	INSURER D:					
		Fremont, NE 68025-2461			Of the case	INSURE					
						INSURE					
co	VER	RAGES CER	TIFIC	CATE	NUMBER:	Later			REVISION NUMBER:	120	
IN C E	IDICA ERTI XCLU	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER POLIO	F INS REME TAIN, CIES.	URANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPECT	TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
		CLAIMS-MADE X OCCUR			CLP 3724627		1/1/2023	1/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000	
									MED EXP (Any one person) \$	10,000	
		10-20-1							PERSONAL & ADV INJURY \$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
		POLICY X PRO- LOC							PRODUCTS - COMPIOP AGG \$	2,000,000	
Α		OTHER:							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
А		TOMOBILE LIABILITY		*	CAD 2724624		41412022	41410004		1,000,000	
	Х	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			CAP 3724631		1/1/2023	1/1/2024	BODILY INJURY (Per person) \$		
	-							}	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
		HIRED AUTOS ONLY AUTOS ONLY									
Α	Х	UMBRELLA LIAB X OCCUR							\$	5,000,000	
^	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE				CUP 2822988		1/1/2023	1/1/2024	EACH OCCURRENCE \$	5,000,000	
		10,000		001 2022000					AGGREGATE \$		
Α	WOR	DED 12 KETENTION 9							X PER OTH- STATUTE ER		
^	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N			WC 3724626		1/1/2023	1/1/2024		1,000,000	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		110 0724020				E.L. EACH ACCIDENT \$	1,000,000	
		s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
-	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
										>>	
			F0 //		, , , , , , , , , , , , , , , , , , ,	de aceate				237	
Re:	1852	rion of operations / Locations / VEHICL CR #26, Fremont, NE.	_ES (<i>F</i>	CORD	101, Adoitional Kemarks Schedu	ile, may o	e attached if Mor	e space is requir		ec.	
										D E	
CE	RTIF	FICATE HOLDER				CANC	ELLATION		i i	ৣ	
Dodge County Nebraska 435 North Park						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fremont, NE 68026					AUTHORIZED REPRESENTATIVE						