DATE (MM/DD/YYYY) 12/20/2022

CERTIFICATE OF LIABILITY IN SIGNATURE 1/45/43

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).

PRODUCER Willis Towers Watson Northeast, c/o 26 Century Blvd	Inc.
P.O. Box 305191 Nashville, TN 372305191 USA	Co
INSURED Telaid Industries, Inc.	Opla
P.O. Box 711 Niantic, CT 06357	
	x x

CONTACT Willis Towers Watson Certificate Center			
PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-	888-467-2378		
E-MAIL ADDRESS: certificates@willis.com			
INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURER A: Phoenix Insurance Company	25623		
INSURERB; The Charter Oak Fire Insurance Company	25615		
INSURER C: Travelers Property Casualty Company of Ame	25.674		
INSURERD: Atlantic Specialty Insurance Company	27154		
INSURER E: ACE American Insurance Company	22667		
INSURERF: Twin City Fire Insurance Company	29459		

COVERAGES CERTIFICATE NUMBER: W27414260 **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	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR				12/31/2022	8	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
A							MED EXP (Any one person)	\$ 10,000
				H6304R770931PHX22		12/31/2023	PERSONAL & ADV INJURY	\$ 1,000,000
×	GEN'L AGGREGATE LIMIT APPLIES PER:			*		=	GENERAL AGGREGATE	\$ 2,000,000
	X POLICY X JECT X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Total Aggregate	\$ 5,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			12/31/2022		BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS ONLY AUTOS		8104R7269812213G		12/31/2023	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY		ja "				PROPERTY DAMAGE (Per accident)	\$
								\$
C.	X UMBRELLA LIAB X OCCUR				3 1		EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE			CUP4R8150502213	12/31/2022	12/31/2023	AGGREGATE	\$ 10,000,000
	DED X RETENTION\$ 10,000							\$
	WORKERS COMPENSATION				5 5		X PER STATUTE ER	
1000	ANYPROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A		WW 15-70-70-0-0-0-	40 (04 (0000		E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	NIA		UB4R7696802213G	12/31/2022	12/31/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	II yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Professional Liability (Cyber			7600097220006	12/31/2022	12/31/2023	Aggregate	5,000,000
	Technology Errors & Omissions)	.					Each Claim or Suit	5,000,000
				**			Retention	50,000

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

RE: Morgan Stanley BR953 - Shreveport, LA

SEE ATTACHED

SERTI	ICAIL	HOLDE	n	 -

Dodge County Highway Department

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANGELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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435 N Park Fremont, NE 68025

CERTIFICATE HOLDER

AGENCY CUSTOMER ID:	
100#	



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Telaid Industries, Inc. P.O. Box 711			
POLICY NUMBER See Page 1		Niantic, CT 06357			
CARRIER	NAIC CODE				
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1			
ADDITIONAL REMARKS					

HUNAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Phoenix Insurance Company

EXP DATE: 12/31/2023 NAIC#: 25623

NAIC#: 25623

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Installation

See Below

ADDITIONAL REMARKS:

Property at each Job Site: \$2,200,000 Limit / \$10,000 Ded

Property at each Off-Site Fabrication Location: \$50,000 Limit / \$10,000 Ded Property at each Temporary Storage Location: \$100,000 Limit / \$10,000 Ded Property at all Covered Locations Combined: \$2,350,000 Limit / \$10,000 Ded

Property in Transit: \$100,000 Limit / \$10,000 Ded

INSURER AFFORDING COVERAGE: Phoenix Insurance Company

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Contractor's Equipment

See Below

ADDITIONAL REMARKS:

Unscheduled Owned Equipment, Subject to \$5,000 Max Fer Item: \$50,000 Limit / \$1,000 Ded

Any One Unscheduled Item of Equipment Leased, Rented, or Borrowed from Others: \$100,000 Limit / \$1,000 Ded Total Limit of Insurance for all Items of Equipment in Any One Occurrence: \$150,000 Limit / \$1,000 Ded

Business Personal Property in Job Trailers: \$10,000 Limit / \$1,000 Ded

ACORD 101 (2008/01)

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SR ID: 23509870

BATCH: 2786155

CERT: W27414260

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/30/2022

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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Aon Risk Services Central, Inc.				PHONE (A/C. No. Exit): (402) 697-1400 FAX (A/C. No.): (402) 697-0017					
Omaha NE Office 17807 Burke Street					E-MAIL				
Suite 401					3S:				
Omaha NE 68118 USA					INSU	JRER(S) AFFOI	RDING COVERAGE	N/	AIC#
INSURED	19			INSURE	A: Evere	st Nationa	l Insurance Co	10120	The same transfer and
City of Fremont Department of Utilit 400 East Military Avenue	ies			INSURE	B: Assoc	Electric	& Gas Ins Serv Ltd -/	AEGIS AA319	30004
Fremont NE 68025 USA				INSURE	3 C:		*	(i)	. 222
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INDICATED, NOTWITHSTANDING ANY REQU	UIREN	MEN	T, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPEC	CT TO WHICH	H THIS
CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH P	RTAIN	N, T	HE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBE			
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	NSD V	NVD	POLICY NUMBER EN4GL00095221		POLICY EFF (MM/DD/YYYY) 12/31/2022	(MM/DD/YYYY)	LIMITS		
A COMMENCIAL GENETIAL LIABILITY		- 1	EN4GEO0033221	100	12/31/2022	12/31/2023	EACH OCCURRENCE DAMAGE TO RENTED		000,000
CLAIMS-MADE X OCCUR					e [#]		PREMISES (Ea occurrence)		000,000
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							PERSONAL & ADV INJURY		000,000
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AUTOMOBILE LIABILITY						£9 (8	COMBINED SINGLE LIMIT (Ea accident)	8	
ANY AUTO						1	BODILY INJURY (Per person)		
OWNED SCHEDULED					a.		BODILY INJURY (Per accident)	4	
AUTOS ONLY AUTOS NON-OWNED			100			7	PROPERTY DAMAGE		
ONLY AUTOS ONLY			(9)	39			(Per accident)		
	-		VI FOF6412D		12/21/2022	12/31/2023		610 (200 000
B UMBRELLA LIAB OCCUR			XL5056412P	¥ *	12/31/2022	12/31/2023	EACH OCCURRENCE	ACCES FOR A	000,000
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WORKERS COMPENSATION AND				(4			PER STATUTE OTH-		
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE				2			E.L. EACH ACCIDENT		
I DEFICEB/MEMBER EXCLUDED? IN	A/A						E.L. DISEASE-EA EMPLOYEE		9
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	F-3 ·	
BESSYM HOVER OF ENVIRONDESIGN							· 467	F-3	
·			9				1.	ندع	6 120
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e *							BED POLICIES BE CANCELL		
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Dodge County		33	ALITE	ORIZED B	EPRESENTATIVE	:			
Courthouse			AUT	S		5			
435 North Park				0.000	1 00		<i>CO</i>	and the same of th	



Aon Pisk Services Central, Inc.

Fremont NE 68025 USA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/12/2023

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 ar	ny rights to the certificate holder in lieu			787505		
PRODUCER	_	CONTACT Allyson Perry, CISR				
INSPRO, a Marsh & McLennan		PHONE (A/C, No, Ext):	FAX (A/C, No):			
Agency LLC, Company	× /	E-MAIL ADDRESS: Allyson.Perry@Mars	hMMA.com			
4000 Pine Lake Road	<u> </u>	INSURER(S) AFFO	ORDING COVERAGE	NAIC #		
Lincoln, NE 68506		INSURER A : Employers Mutual Casu	alty Company	21415		
INSURED		INSURER B:				
Platte Township	~	INSURER C:	8			
3621 N Ct Rd 19		INSURER D:				
Fremont, NE 68025		INSURER E:				
		INSURER F:				
COVEDAGES	CERTIFICATE NUMBER:	R	EVISION NUMBER:			

CO	/ERAGES CER	TIFICATE	NUMBER:	NOUNENT.	F	REVISION NUMBER:	
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INSR LTR	TYPE OF INSURANCE	ADDL SUB INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
Α	X COMMERCIAL GENERAL LIABILITY		4D65592	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000
10.705	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	ODAMINO MINUSE [13] COCCI.					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY		4E65592	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
^	X ANY AUTO					BODILY INJURY (Per person)	\$
1	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
1	X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
1	AUTOS CINET			1			\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
1	DED RETENTION\$	1					\$
Α	WORKERS COMPENSATION		4M65592	01/01/2023	01/01/2024	PER OTH- STATUTE ER	
^	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			52 E. O.		E.L. EACH ACCIDENT	\$500,000
1	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
A	Director/Officer		4K65592	01/01/2023	01/01/2024	1,000,000	
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACO	RD 101, Additional Remarks Schedul	e, may be attached if m	ore space is requ	rired)	2
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CE	RTIFICATE HOLDER		The state of the s	CANCELLATION		NT.	P P
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ĺ	Dodge County Highway Dept. Attn: Jean Andrews				N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E DLICY PROVISIONS.	ANCELLED BEFORE BE DELIVERED IN

Dodge County Highway Dept. Attn:

Jean Andrews
435 N Park, Room 204
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

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CERTIFICATE OF LIABILITY INSURANCE 1/12/2023 ITHIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS ECERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 NAME: PRODUCER House account PHONE (A/C, No FAX (A/C, No): (402) 664-3415 (402) 664-3500 Swanson Insurance and Real Estate 505 Main Street ADDRESS: P.O. Box 408 NAIC # INSURER(S) AFFORDING COVERAGE scribner 68057-0408 INSURER A: EMC Insurance Companies INSURED INSURER B : Maple Township INSURER C c/o Don Paseka INSURER D : 1585 Cty Rd 14 Blvd INSURER E : NE 68621 Ames INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: CL173900360 COVERAGES 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. POLICY EFF (MW/DD/YYYY) POLICY EXP (MM/DD/YYY) ADDL SUBR TYPE OF INSURANCE LIMIT\$ POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE X DAMAGE TO RENTED PREMISES (Es occurrence) 300,000 CLAIMS-MADE x OCCUR S A 5,000 2X5-20-21 1/1/2023 1/1/2024 4 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 8 GEN'LAGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG X POLICY OTHER COMBINED SINGLE LIMIT (Es accident) 1,000,000 \$ AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO A ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ 1/1/2023 1/1/2024 2X5-20-21 AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per appident) s HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE 5 OCCUR \$ **EXCESS LIAB** CLAIMS-MADE **AĞĞREĞATE** DED RETENTION \$ × PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN 100,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L EACH ACCIDENT NIA 1/1/2024 285-20-21 1/1/2023 E.L. DISEASE - EA EMPLOYEE 100,000 OFFICENIBLES BY COMMENTS OF THE STREET OF TH E.L. DISEASE - POLICY LIMIT 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

Dodge County Highway Dept. 435 N. Park Courthouse, Room 204 Fremont, NE 68025

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karleen Meyer/KKM