CERTIFICATE OF LIABILITY INSURANCE

No. 8481 P. 1 MM/PDMYY) 2/6/2023 ■HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ENTIFICATE 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 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 Steve Swanson PRODUCER (402) 664-3500 PHONE FAX (A/C, No): (402) 664-3415 Swanson Insurance and Real Estate (A/C, No, Ext): ADDRESS: swansonmail@gpcom.net 505 Main Street P.O. Box 408 INSURER(S) AFFORDING COVERAGE NAIC # Scribner 68057-0408 INSURERA: EMC Insurance Companies INSURED INSURER B : Agenda Item # Hooper Township INSURER C : c/o Larry Klahn INSURER D : PO Box 236 INSURER E : 68031 Hooper NE INSURER F: COVERAGES CERTIFICATE NUMBER: CL192601015 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | x OCCUR 300,000 A S 2/28/2023 2/28/2024 5,000 428 94 43 MED EXP (Any one person) S 1,000,000 5 PERSONAL & ADV INJURY 2,000,000 GEN'LAGGREGATE LIMIT APPLIES PER: GENERALAGGREGATE 2,000,000 X POLICY PRODUCTS - COMP/OP AGG Ş \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000 \$ 02/28/2024 BODILY INJURY (Per person) 4x8 94 43 02/28/2023 ANY AUTO A ALL OWNED SCHEDULED BODILY INJURY (Per accident) S AUTÓS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS 5 UMBRELLA LIAB S OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ S DED RETENTION \$

If yes, describe under DESCRIPTION OF OPERATIONS below E.L, DIŞEASE - POLICY LIMIT 500,000 \$1000 deductible 291,400 A 2020 Cat 12M3AWD, #N9B00996 4x8 94 43 02/28/2023 02/28/2024 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER**

4X8 94 43

N/A

Dodge County Highway Department 435 N. Park St. Courthouse, 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.

× PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

5

AUTHORIZED REPRESENTATIVE

02/28/2023

02/28/2024

Karleen Meyer/KKM

100,000

100,000

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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)

reb. 15. 2023 12:18PM

CERTIFICATE OF LIABILITY INSURANCE

2/15/2023

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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certificate holder in lieu of su	ich en	dorsement(s).					
PRODUCER			NAME: House account				
Swanson Insurance and R	eal 1	Estate	PHONE (A/C, No. Ext): (402) 664-3500	FAX (A/C. No): (402) 664-3418			
505 Main Street			E-MAIL ADDRESS:				
P.O. Box 408			INSURER(S) AFFORDING COVERAGE	NAIC #			
Scribner	NE	68057-0408	INSURERA: EMC Insurance Companies				
INSURED			INSURER B:				
Nickerson Township			INSURER C:				
c/o Denise Richards			INSURER D ;				
1049 Skyline Drive			INSURER E:				
Fremont	NE	68025	INSURER F:				
AND CONTROL OF THE CO		ARREST AND	DEVISION NII	MDED-			

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104	9 Skyline Drive		INSURER E :					
Fre	mont NE 680		INSURER F :					
CO	/ERAGES CER	TIFICAT	E NUMBER: CL16418001	61		REVISION NUMBER:		
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INSR		ADDL SUE	RI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
LIK	x COMMERCIAL GENERAL LIABILITY	IIVSU I VV	D / Volley Hellings			EACH OCCURRENCE	s	1,000,000
A	CLAIMS-MADE X OCCUR		2			DAMAGE TO RENTED PREMISES (Ex occurrence)	5	300,000
			224-59-72	3/2/2023	3/2/2024	MED EXP (Any one person)	\$	5,000
			1000			PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERALAGGREGATE	\$	2,000,000
	POLICY PRO- LOC		(4.)			PRODUCTS - COMP/OF AGG	5	2,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY					· COMBINED SINGLE LIMIT (Ea accident)	5	1,000,000
2	ANY AUTO					BODILY INJURY (Per person)	\$	
A	ALL OWNED SCHEDULED AUTOS	284-59-72	3/2/2023	3/2/2024	BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	ACTOS						3	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	2	1,000,000
A	x EXCESS LIAB CLAIMS-MADE	1 1				AGGREGATE	3	1,000,000
	DED RETENTION 5	1	2X4-59-72	3/2/2023	3/2/2024		\$	***
	WORKERS COMPENSATION					X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	N/A 2	284-59-72		3/2/2024	E.L EACH ACCIDENT	S	500,000
. 19	OFF(CER/MEMBER EXCLUDED7 (Mandatory In NH)			3/2/2023		E.L. DISEASE - EA EMPLOYEE	\$	500,000
.75500	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	2	500,000
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	\$ (ACORE	101, Additional Remarks Schedule, n	ray be attached if more spa	ice is required)	4	5	
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	SHOULD ANY OF THE ABOVE DESCRIE	ED POLICIES BE C	ANCELLED BEF	ÓRE
CERTIFICATE HOLDER		, ,	1 0	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A	dditional Remarks admeddie, may be attached it thoro opaco to roganiway	ė,	(D)	

Dodge County Highway Department 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

L Helgenberger/LLH

Lawie Helgenberger @ 1988-2014 ACORD CORPORATION. All rights reserved.

No. 8489 P. 1: MM/PP/ Feb. 15. 2023 3:56PM CERTIFICATE OF LIABILITY INSURANCE 2/15/2023 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE 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 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: House account PRODUCER PHONE (A/C, No. Ext): E-MAIL (402) 664-3500 FAX (A/C, No): (402) 664-3418 Swanson Insurance and Real Estate 505 Main Street ADDRESS: NAIC # INSURER(S) AFFORDING COVERAGE P.O. Box 408 68057-0408 INSURER A : EMC Insurance Companies Scribner INSURED INSURER B: Ridgeley Township INSURER C: 4 c/o Amanda Johnson INSURER D : 1110 Cty Rd K INSURER E: Scribner NE 68057 INSURER F: CERTIFICATE NUMBER: CL165200168 **REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MAVE 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 POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E3 OCCURENCO) COMMERCIAL GENERAL LIABILITY 300,000 5 CLAIMS-MADE X OCCUR A 3/10/2023 3/10/2024 8X4 61 79 00 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 **GENERAL AGGREGATE** GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG POLICY 5 OTHER: COMBINED SINGLE LIMIT (Ea accident) s 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) QTUA YA A BODILY INJURY (Per accident) ALL OWNED AUTÓS SCHEDULED 3/10/2023 3/10/2024 8X4 61 79 00 × AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTÓS S \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE 8 **EYCESS LIAB** CLAIMS-MADE \$ DED RETENTION S WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY YIN 100,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA 3/10/2024 \$ 3/10/2023 E.L. DISEASE - EA EMPLOYEE 100,000 BX4 61 79 00 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Room 204

Fremont, NE 68025

Karleen Meyer/KKM

AUGUST Meyer

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