Agenda Item

	Agenda item #	to a
CERTIFICATE O	F LIABI DATO INSURANCE	4/19/23

DATE (MM/DD/YYYY)

3/30/2023 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.

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		CONTACT Wendy Kurtz						
CSDZ, LLC 225 South Sixth Street, Suite 1900	PHON	PHONE (A/C, No, EXI); 612-322-6014 (A/C, No):						
225 South Sixth Street, Suite 1900	E-MAI	E-MAIL ADDRESS: Wkurtz@holmesmurphy.com						
Willing Spain Mild Co-ton	المرطين"	INSURER(S) AFFORDING COVERAGE NAIC#						
V CO.	INSU	INSURER A : Zurich American Insurance Company			16535			
INSURED	00400113	INSURER B: American Guarantee & Liability Ins. Co.			26247			
Ellingson Drainage Inc		INSURER C: Ohio Casualty Insurance			24074			
500 ĚLLINGSOŇ RD HARWOOD, ND 58042		RERD: Nautilus	17370					
(IAI(WOOD, 14D 00042		INSURER E: Certain Underwriters of Lloyds, London						
79	-	RERF:						
COVERAGES CERTIFICATE NUMBER		nerr,		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.								
	OLICY NUMBER			LIMIT				
A X COMMERCIAL GENERAL LIABILITY 300097404		4/1/2023	4/1/2024	EACH OCCURRENCE	\$2,000,000			
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000			
X Contr Liab Per			-	MED EXP (Any one person)	\$ 10,000			
X Policy Form/XCU				PERSONAL & ADV INJURY	\$2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$4,000,000			
POLICY X PRO: LOC				PRODUCTS - COMP/OP AGG	\$4,000,000			
OTHER: A AUTOMOBILE LIABILITY 300097604		111,0000		COMBINED SINGLE LIMIT	\$			
X ANY AUTO 300097604		4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000			
Land State Control of the Control of		-		BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS NON-OWNED			ļ	BODILY INJURY (Per accident)	\$			
AUTOS ONLY AUTOS ONLY			1	PROPERTY DAMAGE (Per accident)	\$			
Genip, \$1,000 5 Goil, \$1,000	2001	11110000	111/2004	Hired Car Phys Damage	\$ACV of Vehicle			
C V 570500 LOS		4/1/2023 4/1/2023	4/1/2024 4/1/2024	EACH OCCURRENCE	\$ 14,000,000*			
J GENINO-WADE				AGGREGATE	\$14,000,000*			
A WORKERS COMPENSATION 300097504		4/1/2023	41412024	X PER OTH-	\$ *Total Limit			
AND EMPLOYERS' LIABILITY		4/1/2023	4/1/2024	I STATUTE TEN				
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A (Mandatory in NH)			- +	E.L. EACH ACCIDENT	\$2,000,000			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			F	E.L. DISEASE - EA EMPLOYEE				
		4/1/2023	4/1/2024	E.L. DISEASE - POLICY LIMIT ND, OH, WA, WY	\$2,000,000			
D Contractors Professional Liab CPP201775 E Including Pollution Liab B0621ELLIC	5316 002623	4/1/2023 4/1/2023	4/1/2024 4/1/2024	EachClaim\$10,000,000* Deductible: \$50,000	AnnAgg\$10,000,000* Claims Made			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All Work Performed								
All Vyork renottlied			*	(***)	- 32 884-13			
					3			
는 사람들은 보다 보고 있는 것이 되었다. 그는 사람들은 보다 그 그 그리고 있는 것이 되었다. 그는 사람들은 보다 보고 있는 것이 되었다. 그는 사람들은 보다 보고 있는 것이 되었다. 그는 사람들은 보다 보고 있는 것이 되었다. 그는 사람들은 보다 보다 되었다. 그는 사람들은 보다 되었다. 그는 사람들은 보다 보고 있는 것이 되었다. 그는 사람들은 보다 되었다. 그는 사람								
			N					
CERTIFICATE HOLDER CANCELL								
Dodge Co Hwy Department 435 N. Park	TH	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Rm. 204 Fremont NF 68025	AUTH	AUTHORIZED REPRESENTATIVE						

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No. 8522 - P. 1; (MM/PP/777) Apr. 3. 2023 4:08PM CERTIFICATE OF LIABILITY INSURANCE 4/3/2023 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(iee) 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 Karleen Meyer PHONE (A/C. No. Ext): (402) 664-35 PRODUCER (402) 664-3500 FAX (A/C. No): (402) 664-3415 Swanson Insurance and Real Estate 505 Main Street ADDRESS: P.O. Box 408 INSURER(S) AFFORDING COVERAGE NAIC # NSURERA: EMC Insurance Companies 68057-0408 Scribner INSURED INSURER B : Cuming Township Dodge County INSURER C: c/o Mark Langemeier INSURER D: 1444 CR E INSURER E: Scribner 68057 INSURER F: COVERAGES CERTIFICATE NUMBER: CL1733000398 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. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1000000 X DAMAGE TO RENTED PREMISES (Ea DOUTTONCO) 300000 CLAIMS-MADE X OCCUR A 5000 4/7/2023 4/7/2024 284 92 39 MED EXP (Any one person) 1000000 PERSONAL & ADV INJURY 2000000 S GENERALAGGREÇATE GEN'LAGGREGATE LIMIT APPLIES PER; 2000000 PRODUCTS - COMP/OP AGG 5 POLICY OTHER: COMBINED SINGLE LIMIT (Es sccident) S 1000000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) 2%4 92 39 4/7/2023 4/7/2024 ANY AUTO A ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE 5 HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE S **EXCESS LIAB** AGGREGATE \$ CLAIM5-MADE 5 RETENTION S WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT S 100000 ANY PROPRIETORIPARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory In NH) 4/7/2023 4/7/2024 2X4 92 39 E,L DIŞEAŞE - BA EMPLOYEE 100000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L DISEASE - POLICY LIMIT 500000

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

Dodge County Hwy Dept 435 N. Park 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,

AUTHORIZED REPRESENTATIVE

Karleen Meyer/KKM

CANCELLATION

Charleson Meight

CERTIFICATE HOLDER