



CERTIFICATE OF LIABILITY INSURANCE

Date 4/17/24

DATE (MM/DD/YYYY) 4/1/2024

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.

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.

PRODUCER: Swanson Insurance and Real Estate, 505 Main Street, Scribner NE 68057-0408. CONTACT NAME: House account, PHONE: (402) 664-3500, FAX: (402) 664-3415. INSURER(S): EMC Insurance Companies.

COVERAGES CERTIFICATE NUMBER: CL165200173 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

RECEIVED 2021 APR - 1 PM 3:05 Dodge Co Highway Dept

CERTIFICATE HOLDER CANCELLATION

Dodge County Highway Department, Courthouse, Room 204, 435 N. Park, 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2024

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
Holmes Murphy & Associates
225 South Sixth Street, Suite 1900
Minneapolis MN 55402



COPY

CONTACT NAME: Wendy Kurtz	
PHONE (A/C, No, Ext): 612-322-6014	FAX (A/C, No):
E-MAIL ADDRESS: wkurtz@holmesmurphy.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Zurich American Insurance Company	NAIC # 16535
INSURER B: American Guarantee & Liability Ins. Co.	26247
INSURER C: Nautilus Insurance Company	17370
INSURER D: Certain Underwriters of Lloyds, London	
INSURER E: StarStone Specialty Insurance Company	44776
INSURER F:	

INSURED
Ellingson Drainage Inc
56113 State Highway 56
West Concord, MN 55985

ELLDRAPC

COVERAGES **CERTIFICATE NUMBER:** 1193870892 **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.

VS#	TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contr Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:			300097405	4/1/2024	4/1/2025	EACH OCCURRENCE	\$2,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$2,000,000
								GENERAL AGGREGATE	\$4,000,000
								PRODUCTS - COMP/OP AGG	\$4,000,000
									\$
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp: \$1,000 <input checked="" type="checkbox"/> Coll: \$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			300097605	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
								Hired Car Phys Damage	\$ ACV of Vehicle
B	X	UMBRELLA LIAB			AUC302078605	4/1/2024	4/1/2025	EACH OCCURRENCE	\$14,000,000*
E	X	EXCESS LIAB			C SX00101463P00	4/1/2024	4/1/2025	AGGREGATE	\$14,000,000*
		DED							\$*Total Limit
A	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	300097505	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
								E.L. EACH ACCIDENT	\$2,000,000
								E.L. DISEASE - EA EMPLOYEE	\$2,000,000
								E.L. DISEASE - POLICY LIMIT	\$2,000,000
A		Stop Gap Liability			300097505	4/1/2024	4/1/2025	ND, OH, WA, WY	AnnAgg\$10,000,000* Claims Made
C		Contractors Professional Liab			CPP201775318	4/1/2024	4/1/2025	Each Claim \$10,000,000*	
D		Including Pollution Liab			B0621PELL1002624	4/1/2024	4/1/2025	Deductible: \$50,000	

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

RECEIVED
 Dodge Co Hwy Dept
 2024 APR - 8 AM 11:11

CERTIFICATE HOLDER **CANCELLATION**

Dodge Co Hwy Department
435 N. Park
Rm. 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

[Signature]

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