Agenda Item #_

20 a

Date_CRIHOU-01 5/29/29

MMUNSTERMAN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/15/2024

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).

this certificate does not confer rights to the certificate holder in lieu of su						CONTACT Melissa Munsterman						
Maguire Agency 1970 Oakcrest Avenue, Suite 300					PHONE (A/C, No, Ext): (651) 635-2764 FAX (A/C, No): (651) 638-9762 E-MAIL (A/C, No): (651) 638-9762							
	seville, MN 55113	1			E-MAIL ADDRES	_{ss:} mmunst	erman@ma	aguireagency.	com	22.00.4.44107.21000		
		\				INS	SURER(S) AFFO	RDING COVERAGE			NAIC#	
						INSURER A: Nova Casualty Company					42552	
Scrib's House Moving, Inc. P.O. Box 2						INSURER B:						
						INSURER C:						
						INSURER D:						
	David City, NE 68632				INSURE	RE:		100			The second second second	
					INSURE	//=====		V				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUIR PERTA POLICI	EME AIN, IES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICE EDUCED BY	CT OR OTHER	R DOCUMENT WI'S ED HEREIN IS S	TH RESPE	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	UBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY					6/1/2024	6/1/2025	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR		8	MSMML10000123				DAMAGE TO RENT PREMISES (Ea occ		\$	100,000	
								MED EXP (Any one		\$	5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC							PERSONAL & ADV		s	1,000,000	
							GENERAL AGGRE		\$	2,000,000		
							PRODUCTS - COM		\$	2,000,000		
	OTHER:				TROBUGIO COM		701 7100	\$				
Α	AUTOMOBILE LIABILITY				-		6/1/2025	COMBINED SINGLE (Ea accident)	E LIMIT	s	1,000,000	
	X ANY AUTO			MSMML10000123	6/1/2024	BODILY INJURY (P		or pareon)	\$			
	OWNED AUTOS ONLY AUTOS					0/1/2024	0/1/2020	BODILY INJURY (P		\$		
	HIRED ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG	GE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE MSMXS10000023						6/1/2025	EAGU GOOLIDDEN	05	\$	1,000,000	
					i	6/1/2024		EACH OCCURREN	CE	S	1,000,000	
	DED X RETENTION \$ 10,000			AGGREGATE				\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			***	i			PER STATUTE	OTH- ER	Ф		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									s		
								E.L. EACH ACCIDE				
	If yes, describe under					E.L. DISEASE - EA		2200				
Α	DÉSCRIPTION OF OPERATIONS below Cargo		_	MSMML10000123		6/1/2024	6/1/2025	ACV (\$5,000 D		\$	125,000	
52 0.								(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (AC	CORD	101; Additional Remarks Schedu	ile, may be	attached if mor	e space is requi		WANGO BEDOC	2024 MAY 20 AM		
			m				27.00					
CE	RTIFICATE HOLDER				CANC	ELLATION			<u>.</u>	exception.		
Dodge County Highway Dept 435 North 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.							
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