



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2019

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 Swanson Insurance and Real Estate 505 Main Street P.O. Box 408 Scribner NE 68057-0408	CONTACT NAME: Steve Swanson	FAX (A/C, No): (402) 664-3415	
	PHONE (A/C, No, Ext): (402) 664-3500	E-MAIL ADDRESS: swninsre@gpcom.net	
INSURED LOGAN TOWNSHIP, DODGE COUNTY C/O BRUCE BRANDENBURG PO BOX 251 UEHLING NE 68063	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : EMC Insurance Companies		
	INSURER B :		
	INSURER C : <i>Acordia Itab # 23d</i>		
	INSURER D : <i>8-14-2019</i>		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: CL1892000944

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	COMMERCIAL GENERAL LIABILITY			1X0-55-64	08/18/2019	08/18/2020	EACH OCCURRENCE	\$ 1000000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000				
							MED EXP (Any one person)	\$ 5000				
							PERSONAL & ADV INJURY	\$ 1000000				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2000000				
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2000000				
OTHER:								\$				
A	AUTOMOBILE LIABILITY			1X0-55-64	08/18/2019	08/18/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> HIRED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
UMBRELLA LIAB							EACH OCCURRENCE	\$				
EXCESS LIAB							AGGREGATE	\$				
DED								\$				
RETENTION \$								\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1X0-55-64	08/18/2019	08/18/2020	PER STATUTE	OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT	\$ 500000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500000			
								E.L. DISEASE - POLICY LIMIT	\$ 500000			

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

RECEIVED
 AUG - 2 AM 7:14
 Dodge County Dept

CERTIFICATE HOLDER

CANCELLATION

Dodge County Highway 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

Handwritten Signature

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