	_		
100			7 0
40		K	D

## CERTIFICATE OF LIABILITY INSURANCE

Agenda Item #

DATE(MM/DD/YYYY) 10/09/2020

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 NAME:			
Aon Risk Services Central, Inc. Aon Risk Insurance Services Central, Inc		PHONE (A/C, No. Ext):	(402) 697-1400	FAX (A/C. No.): (402) 697-	1594
Omaha NE Office CA License # ODO4043		E-MAIL ADDRESS:		(Art. No.).	
17807 Burke Street, Suite 401 Omaha NE 68118 USA	0		INSURER(S) AFFORDIN	IG COVERAGE	NAIC#
INSURED		INSURER A:	Atlantic Specialty	/ Insurance Company	27154
Great Plains Communications LLC		INSURER B:			
1600 Great Plains Centre P.O. Box 500		INSURER C:	,		
Blair NE 68008 USA		INSURER D:			
		INSURER E:		~ <del>~</del>	
*		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 570084479292

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.

Limits shown are as requested.

ISR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUME	3ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S requested
V	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			711016856-0001		09/30/2020	09/30/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000 \$1,000,000
+	OEANNO-INABE TA COOCIT							PREMISES (Ea occurrence) MED EXP (Any one person)	\$15,000
-					1			PERSONAL & ADV INJURY	\$1,000,000
-	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
·F	PRO- VILOS							PRODUCTS - COMP/OP AGG	\$2,000,000
H	OTHER:							PAODUCTS - DOMPTOF AGG	\$2,000,000
1	AUTOMOBILE LIABILITY			711016856-0001		09/30/2020	09/30/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO				,	0 00		BODILY INJURY ( Per person)	
-	OWNED SCHEDULED			41 29				BODILY INJURY (Per accident)	
-	AUTOS ONLY HIRED AUTOS ONLY  AUTOS NON-OWNED AUTOS ONLY			15				PROPERTY DAMAGE (Per accident)	
+	X UMBRELLALIAB X OCCUR	-		711016856-0001		09/30/2020	09/30/2021	EACH OCCURRENCE	\$20,000,000
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$20,000,000
-	DED RETENTION	-							
+	WORKERS COMPENSATION AND			4060463310001		09/30/2020	09/30/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	71		E & #				E.L. EACH ACCIDENT	\$500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	ł	96 <sub>12</sub>			9	E.L. DISEASE-EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$500,000
1	Description of Environmental	1		1 1 1					
				20 at 1		4			
SCI	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Sc	hedule, may be	attached if more	space is require		) —
ER'	TIFICATE HOLDER	6 6 18			CANCELLA	ATION	4	88	1
					SHOULD A EXPIRATIO POLICY PR	N DATE THERE	ABOVE DESCR	IBED POLICIES BE CANGELL ILL BE DELIVERED IN ACCOR	ED BERRE THE
-	Dodge County Rds Dept 423 N. Park				AUTHORIZED F	REPRESENTATIV	E	QFD.	
	Fremont NE 68025 USA								mp <del></del>

Aon Prisk Services Central Inc