

Agenda Item # 2.3b
Date 1/27/21**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
12/28/2020

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: St.Louis.CertRequest@marsh.com Fax: 212-948-0811	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Commerce & Industry Insurance Company		19410
INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA		19445
INSURER C : New Hampshire Insurance Company		23841
INSURER D : ACE Property and Casualty Insurance Company		20699
INSURER E : American Home Assurance Company		19380
INSURER F : Illinois National Insurance Company		23817

COVERAGES **CERTIFICATE NUMBER:** CHI-009189933-07 **REVISION NUMBER:** 0

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		3629906	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY		1921838 (AOS)	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO		1921839 (MA)	01/01/2021	01/01/2022	BODILY INJURY (Per person)	\$
B	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		1921840 (VA)	01/01/2021	01/01/2022	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		XEU G28119616 006	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		014122399 (AOS)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	4595566 (OH)	01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$ 2,000,000
C		<input checked="" type="checkbox"/> N	014122396 (MA,WA,WI,WY)	01/01/2021	01/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
E	If yes, describe under DESCRIPTION OF OPERATIONS below		014122398 (CA)	01/01/2021	01/01/2022	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
F	Workers Compensation / Employers Liability		014122400 (FL)	01/01/2021	01/01/2022	See Limit Above	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THE COUNTY OF DODGE, ITS OFFICERS, AGENTS and EMPLOYEES is/are added as Additional Insured to the Commercial General Liability policy but only with respects to the requirements of the written contract or agreement with the Named Insured. Additional Insured status becomes effective once the written contract or agreement is fully executed.

 RECEIVED
 DODGE COUNTY Highway Dept
 2021 JAN - 8 AM 10:41

CERTIFICATE HOLDER DODGE COUNTY Attn: DODGE COUNTY CLERK 435 N. PARK, ROOM 102 FREMONT, NE 68025	CANCELLATION 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Charter Communications, Inc. and all Subsidiaries 400 Atlantic Street Stamford, CT 06901	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

- Charter Communications, Inc. Branded Spectrum, Spectrum Business, Spectrum Enterprise and their:
- subsidiaries, associated, affiliated and inter-related companies;
- controlled or majority (more than 50%) owned partnerships, limited liability companies;
- interest only in (or its subsidiaries' interest in) any other partnerships or joint ventures or limited liability companies;
- interest in (or its subsidiaries' interest in) any company or organization coming under its active management or control;
- any entity or party required to be insured under any contract or agreement which may now exist, may have previously existed, or may hereafter be created or acquired.

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|---|--|
| Bresnan Broadband Holdings, LLC; | Spectrum Fiberlink Florida, LLC; |
| Bresnan Broadband of Colorado, LLC; | Spectrum Gulf Coast, LLC; |
| Bresnan Broadband of Montana, LLC; | Spectrum Management Holding Company, LLC; |
| Bresnan Broadband of Utah, LLC; | Spectrum Mid-America, LLC; |
| Bresnan Broadband of Wyoming, LLC; | Spectrum Mobile Equipment, LLC; |
| Bresnan Digital Services, LLC; | Spectrum Mobile LLC; |
| Bright House Networks Information Services (Alabama), LLC; | Spectrum New Jersey, LLC; |
| Bright House Networks Information Services (California), LLC; | Spectrum New York Metro, LLC; |
| Bright House Networks Information Services (Florida), LLC; | Spectrum NLP, LLC; |
| Bright House Networks Information Services (Indiana), LLC; | Spectrum Northeast, LLC; |
| Bright House Networks Information Services (Michigan), LLC; | Spectrum Oceanic, LLC; |
| CCH I Holdings, LLC; | Spectrum Pacific West, LLC; |
| CCH II, LLC (CCHII); | Spectrum Reach, LLC; |
| CCHC, LLC; | Spectrum RSN, LLC; |
| CCO NR Holdings, LLC; | Spectrum Southeast, LLC; |
| Charter Communications Holding Company, LLC; | Spectrum Stamford, LLC; |
| Charter Communications Holdings, LLC; | Spectrum Sunshine State Networks Information Services (Alabama), LLC; |
| Charter Communications Operating, LLC; | Spectrum Sunshine State Networks Information Services (California), LLC; |
| Charter Communications VI, LLC; | Spectrum Sunshine State Networks Information Services (Florida), LLC; |
| Charter Communications VII, LLC; | Spectrum Sunshine State Networks Information Services (Indiana), LLC; |
| Charter Communications, Inc.; | Spectrum Sunshine State Networks Information Services (Michigan), LLC; |
| Charter Communications, LLC; | Spectrum Sunshine State, LLC; |
| Charter Fiberlink - Alabama, LLC; | Spectrum TV Essentials, LLC; |
| Charter Fiberlink - Georgia, LLC; | Time Warner Cable Business, LLC; |
| Charter Fiberlink - Illinois, LLC; | Time Warner Cable Enterprises LLC; |
| Charter Fiberlink - Maryland II, LLC; | Time Warner Cable Information Services (Alabama), LLC; |
| Charter Fiberlink - Michigan, LLC; | Time Warner Cable Information Services (Arizona), LLC; |
| Charter Fiberlink - Missouri, LLC; | Time Warner Cable Information Services (California), LLC; |
| Charter Fiberlink - Nebraska, LLC; | Time Warner Cable Information Services (Colorado), LLC; |
| Charter Fiberlink - Tennessee, LLC; | Time Warner Cable Information Services (Hawaii), LLC; |
| Charter Fiberlink CC VIII, LLC; | Time Warner Cable Information Services (Idaho), LLC; |
| Charter Fiberlink CCO, LLC; | Time Warner Cable Information Services (Illinois), LLC; |
| Charter Fiberlink CT-CCO, LLC; | Time Warner Cable Information Services (Indiana), LLC; |
| Charter Fiberlink LA-CCO, LLC; | Time Warner Cable Information Services (Kansas), LLC; |
| Charter Fiberlink MA-CCO, LLC; | Time Warner Cable Information Services (Kentucky), LLC; |
| Charter Fiberlink MS-CCVI, LLC; | Time Warner Cable Information Services (Maine), LLC; |
| Charter Fiberlink NC-CCO, LLC; | Time Warner Cable Information Services (Massachusetts), LLC; |
| Charter Fiberlink NH-CCO, LLC; | Time Warner Cable Information Services (Michigan), LLC; |
| Charter Fiberlink NV-CCVII, LLC; | Time Warner Cable Information Services (Missouri), LLC; |
| Charter Fiberlink NY-CCO, LLC; | Time Warner Cable Information Services (Nebraska), LLC; |
| Charter Fiberlink OR-CCVII, LLC; | Time Warner Cable Information Services (New Hampshire), LLC; |



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Charter Communications, Inc. and all Subsidiaries 400 Atlantic Street Stamford, CT 06901	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

- | | |
|---|---|
| Charter Fiberlink SC-CCO, LLC; | Time Warner Cable Information Services (New Jersey), LLC; |
| Charter Fiberlink TX-CCO, LLC; | Time Warner Cable Information Services (New Mexico), LLC; |
| Charter Fiberlink VA-CCO, LLC; | Time Warner Cable Information Services (New York), LLC; |
| Charter Fiberlink VT-CCO, LLC; | Time Warner Cable Information Services (North Carolina), LLC; |
| Charter Fiberlink WA-CCVII, LLC; | Time Warner Cable Information Services (Ohio), LLC; |
| Charter Gateway, LLC; | Time Warner Cable Information Services (Pennsylvania), LLC; |
| Charter/Altice Master Cable Advertising, LLC; | Time Warner Cable Information Services (South Carolina), LLC; |
| Charter/Cox master Cable Advertising, LLC; | Time Warner Cable Information Services (Tennessee), LLC; |
| Coaxial Communications of Central Ohio LLC; | Time Warner Cable Information Services (Texas), LLC; |
| Cujo Parent, LLC; | Time Warner Cable Information Services (Virginia), LLC; |
| Cujo, LLC; | Time Warner Cable Information Services (Washington), LLC; |
| DukeNet Communications, LLC; | Time Warner Cable Information Services (West Virginia), LLC; |
| Insight Blocker LLC; | Time Warner Cable Information Services (Wisconsin), LLC; |
| Insight Communications Company LLC; | Time Warner Cable Northeast LLC |
| Marcus Cable Associates, LLC; | Time Warner Cable, LLC; |
| Spectrum Advanced Services, LLC; | TWC Administration LLC; |
| Spectrum Captive Holdings, LLC; | TWC Sports Newco LLC; |

...and any corporation or other business organization other than a joint venture in which the Named Insured shown in the declarations has or acquires during the policy period an ownership of more than 50% and which is domiciled within the United States of America, its territories or possessions, Puerto Rico or Canada.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/11/2021

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PRODUCER Aon Risk Services Central, Inc. Omaha NE Office 17807 Burke Street Suite 401 Omaha NE 68118 USA	CONTACT NAME: PHONE (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-0017		
	E-MAIL ADDRESS:		
INSURED City of Fremont Department of Utilities 400 East Military Avenue Fremont NE 68025 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS		AA3190004
	INSURER B: Everest National Insurance Co		10120
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COPY

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570085724700 **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**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EN4GL00095201	12/31/2020	12/31/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION			XL5056410P	12/31/2020	12/31/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570085724700

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

Evidence of Insurance.

2021 JAN 21 PM 4:09
 RECEIVED
 Dodge Co Hwyway Dept

CERTIFICATE HOLDER**CANCELLATION**

Dodge County Courthouse 435 North Park Fremont NE 68025 USA	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 <i>Aon Risk Services Central, Inc.</i>