A	CORD	CERTIF	ICATE OF	LIABIL	ITY INS	D1/27/2021					
ROD	North Bend Insurance Agency, Inc. P.O. Box 10 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.										
63	North I	Bend, NE	68649			INSURERS AFFORDING COVERAGE					
NSUF	ED Control	-11 Movmobi	, (/								
		ell Townshi ox 434	.p	CO.	INSURER B:		genda Item #	240			
			8649	Op	INSURER C:		5	744			
	Ť		ē	1	INSURER E:		ate2/24	121			
COV	ERAGES							I STATE OF A POINT			
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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR TR	TYPE OF IN		POLICY NUM	BER -	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	The state of the s			
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000			
-	X COMMERCIAL	GENERAL LIABILITY	10 6				FIRE DAMAGE (Any one fire)	\$ 100,000 \$ 5,000			
A	CLAIMS M	ADE X OCCUR	2X6-48-00		02/01/2021	02/01/2022	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000			
A			2110 10 00				GENERAL AGGREGATE	\$2,000,000			
-							PRODUCTS - COMP/OP AGG	\$2,000,000			
		LIMIT APPLIES PER: PRO- JECT LOC						12/000/000			
	AUTOMOBILE LIABI						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
A	ALL OWNED A	~~~~	2x6-48-00	* *	02/01/2021	02/01/2022	BODILY INJURY (Per person)	s			
	HIRED AUTOS						BODILY INJURY (Per accident)	\$			
	1				730		PROPERTY DAMAGE (Per accident)	\$			
_	GARAGE LIABILITY						AUTO ONLY - EA ACCIDENT	s			
	ANY AUTO		El		**		OTHER THAN EA ACC	\$			
					·		AUTO ONLY: AGG	\$.1 .000 .000			
A	X OCCUR	CLAIMS MADE	2J6-48-00	5	02/01/2021	02/01/2022	AGGREGATE	\$1,000,000 \$1,000,000			
	DEDUCTIBLE		8 0					\$			
	RETENTION	s	¥					\$			
	WORKERS COMPE	NSATION AND					WC STATU- OTH- TORY LIMITS X ER				
	EMPLOYERS' LIAB	ILITY	277.6 40 00		00/01/0001	02/01/2022	E.L. EACH ACCIDENT	\$ 500,000			
A			2Н6-48-00	1	02/01/2021	02/01/2022	E.L. DISEASE - EA EMPLOYER				
							E.L. DISEASE - POLICY LIMIT	\$ 500,000			
A	Errors 8	Omissions	2K6-48-00	t/	02/01/2021	02/01/2022	Aggregate Lim	it \$1 3 00,000			
DES	CRIPTION OF OPERA	TIONS/LOCATIONS/VE	HICLES/EXCLUSIONS ADDI	ED BY ENDORSEMEN	T/SPECIAL PROVISIO	NS	. 00 	7			
							Q A				
							· · · · · · · · ·	. 00			
							ntique _y				
								×			
0=	CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: CANCELLATION										
UE	TIPICATE NO	ENG!! AD	DINGING ANDONED, MOUN				BED POLICIES BE CANGELLED	BEFORE THE EXPIRATION			
٠,	dge Coun	ty Highway	Department		DATE THEREOI	F, THE ISSUING INSUR	ER WILL ENDEAVOR TO MAIL	DAYS WRITTEN			
	Jige Coun	ty Courthou	ise ·		1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		R NAMED TO THE LEFT, BUT F	· ·			
435 N. Park					1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR					
· I	Fremont, NE 68025					REPRESENTATIVES.					
AUTHOF						AUTHORIZED REPRESENTATIVE					
	ACORD 25-S (7/97) © ACORD CORPORATION 1988										



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/16/2021

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 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

SCRILDNET NE 68057-0408 INSURER B: INSURER B: INSURER C: INSURER B: INSURER	NAIC #					
AWAINSON Insurance and Real Estate ACO, Box 408 Scribner NE 68057-0408 NE 68057-0408 NE 68057-0408 NSURER B: NSURER C: NSURER B: NSURER C: NSURER A: MC NSURE	NAIC #					
ADDRESS: INSURER(S) AFFORDING COVERAGE	1,000,000					
P.O. Box 408 Scribner NE 68057-0408 INSURER A: EMC Insurance Companies INSURER B: INSURER C: INSURER B: IN	1,000,000					
INSURER AT 2673 2705 2706 2706 2706 2706 2706 2706 2706 2706	1,000,000					
HOOPER TOWNShip C/O Larry Klahn PO Box 236 Hooper NE 68031 COVERAGES CERTIFICATE NUMBER: CLI192601015 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY BY POLICY ESP (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) LIMITS INSIR TYPE OF INSURANCE ADDL SUBR 1 SUBJECT TO ALL THE TERMS, POLICY ESP (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) EACH OCCURRENCE SUBMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ DAMAG	1,000,000					
Hooper Township d/o Larry Klahn PO Box 236 Hooper NE 68031 CERTIFICATE NUMBER: CL19260101.5 CERTIFICATE NUMBER: CL19260101.5 CERTIFICATE NUMBER: CL19260101.5 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING SUPPORT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING SUPPORT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY EDESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY ESP. POLICY EXP. PRODUCTS - COMPJOP AGG. \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPJOP AGG. \$ PRODUCTS - COMPJOP AGG. \$ COMBINED SINGLE LIMIT \$	1,000,000					
INSURER D. INSURER D. INSURER E: INSURER E: INSURER F: INSURER E: INSURER F: INSUR INSURANCE AND CONTENT AND ENDING INSURER AND INSURER AND INSURER AND INSURER AND INS	1,000,000					
HOOPEY NE 68031 COVERAGES CERTIFICATE NUMBER: CL192601015 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY BY POLICY EXP. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY EXP. INSURANCE TO THE INSURED NAMED AND CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE POLICY EXP. (MM/IDD/YYYY) EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT \$ COMBINED SINGLE LIMIT \$	1,000,000					
COVERAGES CERTIFICATE NUMBER: CL192601015 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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. TYPE OF INSURANCE AND CLAIMS-MADE X OCCUR AX8 94 43 AX8 94 4	1,000,000					
CERTIFICATE NUMBER: CL192601013 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE INDICATED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, 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. INSTRICT TYPE OF INSURANCE INSURANCE INSURANCE INSURANCE AFFORDED BY THE POLICY PROLICY SHOWN MAY HAVE BEEN REDUCED BY POLICY SPOLICY STAND WAYD POLICY NUMBER (MM/DD/YYYY) MM/DD/YYYY) A COMMERCIAL GENERAL LIABILITY A COMMERCIAL GENE	1,000,000					
INDICATED. NOTWITHSTANDOR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF. MM/DD/YYYY) POLICY EFF. MM/DD/YYYY) AX COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR AX OCCUR	1,000,000					
INSR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY	1,000,000					
INSR LTYPE OF INSURANCE INSD WVD POLICY NUMBER (IMMINISTRATE) X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 4X8 94 43 2/28/2021 2/28/2022 2/28/2022 EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- S COMBINED SINGLE LIMIT \$ COMBINED SINGLE LIMIT \$						
X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 4X8 94 43 2/28/2021 2/28/2021 2/28/2021 AX8 94 43 2/28/2021 2/28/2021 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$ COMBINED SINGLE LIMIT \$						
A CLAIMS-MADE x OCCUR 4X8 94 43 2/28/2021 2/28/2022 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ POLICY PRO- LOC COMBINED SINGLE LIMIT \$	300,000					
GENTL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC POLICY PRO- LOC AX8 94 43 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT \$	5,000					
GENEL AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC COMBINED SINGLE LIMIT \$	1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT \$	2,000,000					
POLICY PRO- LOC S COMBINED SINGLE LIMIT \$	2,000,000					
CTHEP:	4 000 00					
	1,000,000					
AUTOMOBILE LIABILITY 02/28/2021 02/28/2022 BODILY INJURY (Per person) \$						
ANY ALITO BODILY INJURY (Fel accident)						
ALITOS X AUTOS (Per accident)						
HIRED AUTOS NON-OWNED AUTOS						
EACH OCCURRENCE \$						
UMBRELLA LIAB OCCUR AGGREGATE \$						
EXCESS LIAB CLAIMS-MADE \$						
DED RETENTION \$ x PER OTH- STATUTE ER	400.00					
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N 4X8 94 43 02/28/2021 02/28/2022 E.L. EACH ACCIDENT \$						
ANY PROPRIETORI/PARTINER/PARTURE N/A E.L. DISEASE - EA EMPLOYEE \$						
(Mandatory in NH)	. 500,00					
DESCRIPTION OF OPERATIONS below						
02/28/2021 02/28/2022 \$1000 deductible	291,4					
A 2020 Cat 12M3AWD, #N9B00996 4X8 94 43	702					
CL CO	7					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE /	協					
	and the same of th					
	œ					
lyway way	PH					
	Aay R					
O						
CERTIFICATE HOLDER CANCELLATION CANCELLATION CANCELLATION	0					
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Dodge County Highway Department THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.						
Dodge County Highway Department ACCORDANCE WITH THE POLICY PROVISIONS. 435 N. Park St.						
Dodge County Highway Department 435 N. Park St. Courthouse, Room 204 AUTHORIZED REPRESENTATIVE	7 10 100					
Dodge County Highway Department ACCORDANCE WITH THE POLICY PROVISIONS. 435 N. Park St.	Meur					

Feb.	17. 2021	1:32PM
ACOR	D "	

CERTIFICATE OF LIABILITY INSURANCE

No. 2907 ____P. 2_ PATE (MM/PP/YYYY)

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

	ertificate does not confer rights to	the	certif	ficate holder in lieu of su	ch end	orsement(s).					
FRODUCEN						CONTACT Tammi Uher					
DODGE INSURANCE LLC					PHONE (AIC, No. Exi): (402) 693-2201 PAX (AIC, No): (402) 693-2750						
PO Bo						E-MAIL ADDRESS: dodgeinsurance@gpcom.net					
	, NE 68633-0127	V			THE INC.			DING COVERAGE		NAIC#	
БОСД	,, 112 00000 0127			COPY	INCHEE		0.000	l Casualty Co			
INSURED					INSURE		yoru mataa	, oddany oo			
Madrian	Pleasant Valley Townsh	qi		#	Markey Vev						
	OZO Carrete Band 4	-			INSURE						
958 County Road 4				INSURE				_			
Scribner, Nebraska 68057					INSURE	RE:					
					INSURE	RFI					
COVE				NUMBER:		I IOOUED TO		REVISION NUMBER:	IE DAI	IOV DEDICE	
THIS	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE	OF I	NSUF	KANCE LISTED BELOW HA	VE BEE	N ISSUED TO	OR OTHER	ED NAMED ABOVE FOR IT	TE POL	WHICH THIS	
CERT	IFICATE MAY BE ISSUED OR MAY	PERT	AIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO	ALL .	THE TERMS,	
EXCL	USIONS AND CONDITIONS OF SUCH	POLIC	CIES.	LIMITS SHOWN MAY HAVE	BEEN R	EDUCED BY	PAID CLAIMS.	AND THE PARTY OF T			
INSR LTR	TYPE OF INSURANCE	ADDL IN8D	SUBR GVW.	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (WYYY)	LIMITS	8		
X	COMMERCIAL GENERAL LIABILITY								ş	1,000,000	
	CLAIMS-MADE X OCCUR					3		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									\$	5,000	
A				0D9-06-79-22		3/7/2021	3/7/2022	PERSONAL & ADV INJURY	s	1,000,000	
	ACCRECATE LIMIT APPLIES DED.			VD3-00-70-ZZ		011/2021	OTTAGAA		* S	2,000,000	
95	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO: LOC						1		\$	2,000,000	
	CONTROL CONTRO				l				\$ \$	2,000,000	
	OTHER: TOMOBILE LIABILITY								\$ \$	4 000 000	
AU	1					11			s S	1,000,000	
-	ANY AUTO OWNED SCHEOULED	1							-21/		
A	AUTOS ONLY AUTOS			0E9-06-79-22	3	3/7/2021	3/7/2022		5		
	HIRED NON-OWNED AUTOS ONLY							IPer accidenti	\$		
									\$		
	UMBRELLA LIAB OCCUR			**				EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$	-	
	DED RETENTION\$								\$		
	RKERS COMPENSATION							PER OTH- STATUTE ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A			1			E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandaloty in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								É.L. DÍSEASE - POLICY LIMIT	\$		
100	TOTAL OF STREET										
								Ď	29		
DESCOID	TION OF OPERATIONS / LOCATIONS / VEHIC	LES 14	CORD	101. Additional Remarks Schedu	ile. may b	e elleched If mo	re apace te reculi	ed) Q.	-		
DEGUAIR	HOW OF DEPOSITIONAL POSITIONAL VEHICLE	uno (r	WOIND	7011 Muddonai Nomaine Comede	nog mag w	o diladilon il mo	o apaoo io roquii	90	-14		
								ന്ന	8		
								00			
2016 Caterpillar Motorgrader, 12M3, S# N9B00284						-1					
								- ≩ m			
$\hat{b} \subseteq \mathbf{Z}$											
		-							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTI	FIGATE HOLDER				CANCELLATION © N						
					THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I			
					AGG	ACCORDANCE WITH THE POLICY PROVISIONS.					
Dodge County Highway Department				AUTHORIZED REPRESENTATIVE							
	Dodge County Highway	Dep	artm	nent	AUTHO	NZED REPRESE	NTATIVE		_		