| Agenda | Item # | 22a |
|--------|--------|-------|
| Date | 9/8/21 | 3,000 |



CERTIFICATE OF LIABILITY INSURANCE

9/1/2022

DATE (MM/DD/YYYY) 08/23/2021

| CE TH OI | IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATIVI IIS CERTIFICATE OF INSURANCE DO R PRODUCER, AND THE CERTIFICAT | ELY O ES NO E HOL | R NE OT CC .DER. | GATIVELY AMEND, EXTEI INSTITUTE A CONTRACT | ND OR ALTER TH BETWEEN THE IS | E COVERAGE SUING INSURE | AFFORDED BY THE POLICIES E ER(S), AUTHORIZED REPRESEN | TATIVE | | |
|--|---|--------------------------|------------------------|---|---|---------------------------------|---|---|--|--|
| SI | PORTANT: If the certificate holder is JBROGATION IS WAIVED, subject to rtificate does not confer rights to the | the to | erms | and conditions of the pol | icy, certain polici orsement(s). | ADDITIONAL II es may require | NSURED provisions or be endor an endorsement. A statement | sed. If on this | | |
| PRODUCER LOCKTON COMPANIES 13710 FNB Pkwy, Suite 400 Omaha NE 68154 402-970-6100 | | | | | CONTACT NAME: PHONE [AIC, No, Ext): [-MAIL] FAX [AIC, No, Ext): [AIC, No): | | | | | |
| | 402-970-6100 | | | (0) | ADDRESS: | NSTIDED(S) VEEO | RDING COVERAGE | NAIC# | | |
| | | | | | 30-34 | | ance Companies | 0 | | |
| NSUF | M.E. COLLINS CONTRACTING | G CO | MPAN | IY, INC. | INSURER B: | | | | | |
| 344 | 4764 PH: (402)443-3663 | | | RT-4018794-994-90-70-70- | INSURER C: | | | | | |
| 980 E. 25TH STREET PO BOX 83 WAHOO NE 68066-5568 | | | | | INSURER D: | | | | | |
| | WAHOO NE 68066-5568 | | | | INSURER E : | | | | | |
| | ALCOLOG MECOLOG | | \ A T F | MIMPED 1640000 | INSURER F: | | REVISION NUMBER: XXX | | | |
| TH PE W | /ERAGES MECOLO1 CEI IIS IS TO CERTIFY THAT THE POLICI ERIOD INDICATED. NOTWITHSTANDIN HICH THIS CERTIFICATE MAY BE ISS L THE TERMS, EXCLUSIONS AND CO TYPE OF INSURANCE | ES OF IG AN' UED (| INSU Y REC OR M | QUIREMENT, TERM OR CO AY PERTAIN. THE INSURA | HAVE BEEN ISSUE INDITION OF ANY NCE AFFORDED | CONTRACT OR BY THE POLICI | URED NAMED ABOVE FOR THE OTHER DOCUMENT WITH RESF ES DESCRIBED HEREIN IS SUBJ | POLICY PECT TO | | |
| NSR TR A | | INSD | WVD | POLICY NUMBER EPP0626532 | (MM/DD/YYY | Y) (MM/DD/YYYY) | | | | |
| ^ | CLAIMS-MADE X OCCUR | | | LFF0020332 | 03/01/20/ | 00/01/2022 | DAMAGE TO RENTED S FOO | 000,000 | | |
| } | CEANVIS-WADE | | | | | | MED EXP (Any one person) \$ 10,0 | | | |
| ł | | N | N | | | | | 00,000 | | |
| ł | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | 000,000 | | |
| [| POLICY X PRO- X LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,00 | 00,000 | | |
| _ | OTHER: | - | _ | | | 0. 494.00 50 | COMBINED SINGLE LIMIT | | | |
| Α | AUTOMOBILE LIABILITY | | | EPP0626532 | 09/01/20 | 21 09/01/2022 | Tea accident | 00,000 | | |
| - | X ANY AUTO SCHEDULED | N | N | | | | | XXXXX | | |
| | AUTOS ONLY AUTOS NON-OWNED | 14 | IN | | | | | XXXXX | | |
| 1 | AUTOS ONLY AUTOS ONLY | | | 18 | | | | XXXXX | | |
| ^ | X UMBRELLA LIAB X OCCUR | | | EPP0626532 | 09/01/20 | 21 09/01/2022 | | 00,000 | | |
| A | EXCESS LIAB CLAIMS-MAD | N | N | L1 1 0020002 | 00/01/20 | 00/01/2022 | | 00,000 | | |
| | DED RETENTION \$ | | | | | | \$ | | | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/M | | | EPP0626533 | 09/01/20 | 21 09/01/2022 | X PER OTH- | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | N | _, , , , , , , , , , , , , , , , , , , | | 7 (| E.L. EACH ACCIDENT \$ 500 | 5 10000000 | | |
| | (Mandatory in NH) If yes, describe under | 1 | | | | | E.L. DISEASE - EA EMPLOYEE \$ 500 | | | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT + OUC | 7,000 | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| DESC | CRIPTION OF OPERATIONS / LOCATIONS / VI 2020 County Bridge Match Project, Dodg | HICLE | S (ACC Nashi | DRD 101, Additional Remarks So noton Counties in Nebraska: | chedule, may be attac | hed if more space | is required) | | | |
| 110. | 2020 County Bridge Materi 1 Toject, Bodg | Julia | rvuorn | ngton obunitos in mostacha, | | | | | | |
| | | | | | | | est. | ~3 | | |
| | | | | | | | 9 | 02 | | |
| | | | | | | | 総. (中, | 7700 | | |
| | * | | | | | | 9 N | | | |
| CEF | RTIFICATE HOLDER | | | | CANCELLATIO | N See A | ttachment | - - - - - - - | | |
| | | | | | THE EXPIRA | TION DATE T | DESCRIBED POLICIES BE CANCE HEREOF, NOTICE WILLS BE DICY PROVISIONS. | | | |
| | 16433306 | | | | AUTHORIZED REPE | RESENTATIVE | 69 | 41 | | |
| Dodge County 435 N. Park | | | | | | | ® ₽ | 25 | | |
| TOO IT. LAIN | | | | | | | | | | |
| | | | | | | | 1 | | | |
| | | | | | | 6 | I was as Amel | 6 | | |

ACORD 25 (2016/03)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/23/2021

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 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).

| | is certificate does not confer rights t | | | | uch en | dorsement(s | | equire an endorsement. | A Sid | itement on |
|---|--|--------------|--------------------|--|---|---------------------------|-----------------------------|--|--|--|
| PROD | OUCER Liberty Mutual Insurance (| Co. N | Vatio | onal Insurance East | CONTA NAME: | CT \ | Valerie Reece | | | |
| | 2000 Westwood Dr. | 1 | 1 | ka | PHONE (A/C, No | o, Ext): | 513-867-3822 | FAX (A/C, No): | | |
| | Wausau, WI 54401 | 4 | | > | E-MAIL ADDRE | | Oldcastle.cert | s@LibertyMutual.com | | |
| | | 1 | / | | | INS | SURER(S) AFFOR | DING COVERAGE | | NAIC# |
| www | LibertyMutual.com | | • | | INSURE | RA: Liberty I | Mutual Fire In | surance Company | | 23035 |
| INSURED | | | | INSURER B: Liberty Insurance Corporation | | | | | 42404 | |
| Ly | Lyman-Richey Corporation (189-OMA) 2625 South 158th Plaza | | | | | RC: | | | | |
| Õ | maha NE 68130 | | | | INSURE | RD: | | J | | |
| | | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | /ERAGES CER | TIFIC | CATE | E NUMBER: 63491158 | | | | REVISION NUMBER: | | |
| IN CE | IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | QUIF PERT | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF AN | Y CONTRACT THE POLICIE | OR OTHER I | OCUMENT WITH RESPEC | T TO V | VHICH THIS |
| NSR LTR | TYPE OF INSURANCE | | SUBR WVD | | | | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| A | COMMERCIAL GENERAL LIABILITY | IIVOD | VVVD | TB2-C81-004095-111 | | 9/1/2021 | 9/1/2022 | | \$2,000 | 000 |
| | CLAIMS-MADE / OCCUR | ber. | | | | production (1950—1955) | | DAMAGE TO RENTED | \$ 300,0 | |
| | ✓ Primary/Non-Contributory | | | XCU Coverage Included | | | | | \$50,00 | 30 |
| | ✓ Separation of Insured | | | | | | | | \$2,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | \$2,000 | |
| | POLICY / PRO- | | | | | | 2 | | \$2,000 | |
| | OTHER: | | | | | | | | \$ | 1000 |
| Α | AUTOMOBILE LIABILITY | | | AS2-C81-004095-121 | | 9/1/2021 | 9/1/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$2,000 | .000 |
| | ✓ ANY AUTO | | | | | | | | \$ | 1000 |
| A | OWNED SCHEDULED AUTOS ONLY AUTOS | | | AS2-C81-054502-521 | | 9/1/2021 | 9/1/2022 | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | Physical Damage only: Comprehensive Ded \$10, | nnn | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AGIGG GALL | | | Collision Ded \$10,000 | 000 | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | * | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | WA7-C8D-004095-021 | | 9/1/2021 | 9/1/2022 | ✓ PER OTH- | | |
| - 1 | ANYPROPRIETOR/PARTNER/EXECUTIVE N DFFICER/MEMBER EXCLUDED? Mandatory in NH) | | | All except OH, ND, WA, W | | | | E.L. EACH ACCIDENT | \$1,000 | ,000 |
| D | | NIA | WC7-C81-004095-011 | | 9/1/2021 | 9/1/2022 | E.L. DISEASE - EA EMPLOYEE | \$1,000 | ,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | WI, MN | | | E.L. DISEASE - POLICY LIMIT | \$1,000 | ,000 | |
| | | | | | | | | 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2021 Å | * |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | ACORD | 1 101, Additional Remarks Schedu | le, may b | e attached if more | e space is require | - Čé | 10631 AMII: | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| | | | | | | | | □ | Statement of the Publish of the Publ | |
| | | | | 6-8234-0-0-11-0-7-0-0-0-0-1-0-0-0-0-0-0-0-0-0- | | | | € | رن. | |
| CEF | TIFICATE HOLDER | | | North Programme Comment of the Comme | CANO | CELLATION | | - | (D) | : |
| Dodge County Highway Department Office Of the Courthouse 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 | | | | | |
| | | | | | | | J. | alisie & Reco | e | |

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63491158 | LM_44 | 09.21-09.22 Standard 2-2 Excess \$5M | Erin Celing | 8/23/2021 6:12:55 PM (CDT) | Page 1 of 1