

Agenda Item # <u>34d</u> NSWRANCE 13/1/31 CERTIFICATE OF LIABILITY IN

Page 1 of 2

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

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).

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

PRODUCER Willis Towers Watson Sou c/o 26 Century Blvd P.O. Box 305191	itheast, Inc.
Nashville, TN 37230519	OA)
INSURED Barnhart Crane and Riggir Attn: Alison Smith 2163 Airways Boulevard Memphis, TN 38114	ng Co.; Barnhart Northeast, Inc.
COVERAGES	CERTIFICATE NUMBER: W22735767

CONTACT Willis Towers Watson Certificate Center					
	-888-467-2378				
E-MAIL ADDRESS: certificates@willis.com					
INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURERA: Greenwich Insurance Company	22322				
INSURERB: Westchester Surplus Lines Insurance Com	npan 10172				
INSURERC: XL Specialty Insurance Company	37885				
INSURERD: Travelers Property Casualty Company of	Ame 25674				
INSURER E: Allied World Assurance Company US Inc	19489				
INSURERF: Gemini Insurance Company	10833				

REVISION NUMBER:

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 ADDL SUBR TYPE OF INSURANCE LIMITS INSD WVD **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 300,000 \$ A 10,000 MED EXP (Any one person) CGE740977103 11/01/2021 11/01/2022 2,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY X PRO-× 4,000,000 PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ 3,000,000 ANY AUTO × BODILY INJURY (Per person) \$ OWNED A SCHEDULED CAD740964304 11/01/2021 11/01/2022 BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) × × \$ **AUTOS ONLY** \$ **UMBRELLA LIAB** 5,000,000 **OCCUR EACH OCCURRENCE** \$ В 11/01/2021 11/01/2022 **EXCESS LIAB** × G28178141 006 5,000,000 CLAIMS-MADE AGGREGATE \$ DED | X RETENTION \$ 250,000 \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT No N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) CWD740964104 11/01/2021 11/01/2022 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ II yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE · POLICY LIMIT 11/01/2021 11/01/2022 Any One Item Leased/Rented OT-630-9L240698-TIL-21 \$5,000,000 Contractors Equip./Owned Any One Occurrence \$10,000,000 Special Coverage DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation Coverage Includes WA Stop Gap. USL&H/Jones Act coverage also included in Workers

CERTIFICATE HOLDER	CANCELLATION	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.	
Dodge County Nebraska Highway Department	AUTHORIZED REPRESENTATIVE	
435 North Park	0 2/1/	
Fremont, NE 68025	Varni VI. Mints	

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coverage.

SEE ATTACHED

GENCY	CUSTOMER	ID:
	,_,	

LOC#:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED					
Willis Towers Watson Southeast, Inc.		Barnhart Crane and Rigging Co.; Barnhart Northeast, Inc.				
		Attn: Alison Smith				
POLICY NUMBER		2163 Airways Boulevard	•			
See Page 1		Memphis, TN 38114				
CARRIER	NAIC CODE					
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Allied World Assurance Company US Inc

TYPE OF INSURANCE: LIMIT DESCRIPTION:

Excess Liability~ \$10M XS \$5M Each Occurrence

First Layer

Other Aggregate

LIMIT AMOUNT:

\$10,000,000 \$10,000,000

INSURER AFFORDING COVERAGE: Gemini Insurance Company

EXP DATE: 11/01/2022

NAIC#: 10833

NAIC#: 25674

NAIC#: 19489

TYPE OF INSURANCE:

Excess Auto Liability

LIMIT DESCRIPTION:

Each Occurrence

LIMIT AMOUNT: \$3,000,000

INSURER AFFORDING COVERAGE: Travelers Property Casualty Company of America POLICY NUMBER: QT-630-9L240698-TIL-21 EFF DATE: 11/01/2021 EXP DATE: 11/01/2022

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Cargo Legal Liability / Motor

In Land Veh./Containr

\$100,000

Truck Cargo/Warehouse Legal Liab Any Railcar/Aircraft

\$100,000

SR ID: 21782691

BATCH: 2291711

CERT: W22735767



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/04/2021

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.

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ce	rtificate does not confer rights to the o	ertifi	cate	holder in lieu of such end	orsement(s).	152 5		
PRODU	RODUCER CLIENT CONTACT CENTER							
	RATED MUTUAL INSURANCE COMPA	NY			PHONE (A/C, No, Ext): 888-		FAX (A/C, No): 507-	446-4664
	E OFFICE: P.O. BOX 328 TONNA, MN 55060	7			F-MAII		ER@FEDINS.COM	
J.,,,	<i>y</i>					NSURER(S) AFFOR		NAIC#
							INSURANCE COMPANY	13935
INSURED 399-117-1					INSURER B: FEDER	RATED RESERV	E INSURANCE COMPANY	16024
G &	R ELECTRIC				INSURER C:			
610 E 6TH ST				*	INSURER D:			
NORTH BEND, NE 68649-4417					INSURER E:			
					INSURER F:			
cov	ERAGES CERT	TIFIC	ATE N	NUMBER: 8			REVISION NUMBER: 0	
C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PER ND CONDITIONS OF SUCH POLICIES. LIMI	QUIRE	MENT THE	TERM OR CONDITION OF THE TRANSPORT OF TH	OF ANY CONTRAC THE POLICIES DES	T OR OTHER D	OCUMENT WITH RESPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
LIR	COMMERCIAL GENERAL LIABILITY	mak	., 40				EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED . PREMISES (Ea occurrence)	\$100,000
	X BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)	
Α	A BUSINESS OWNER'S CIABILITY	N	N	6040550	01/01/2022	01/01/2023	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			5 TO 10 PM S			GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO				1		BODILY INJURY (Per person)	
В	OWNED AUTOS ONLY SCHEDULED AUTOS	N	N	6040551	01/01/2022	01/01/2023	BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$2,000,000
Α	EXCESS LIAB CLAIMS-MADE	N	N	6040552	01/01/2022	01/01/2023	AGGREGATE	\$2,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N 6036671	6036671	01/01/2022	01/01/2023	E.L. EACH ACCIDENT	\$500,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000	
	DESCRIPTION OF OPERATIONS BELLEV		_					
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							0	02
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule, n	nay be attached if more s	space is required)	(1)	3
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							72.	
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							# (
						-/ 53		
	TIFICATE HOLDER						U.S.	**
25000000	-117-1			8 0	SHOULD ANY C	F THE ABOVE	DESCRIBED POLICIES	ANCELLED BEFORE
DODGE COUNTY HIGHWAY DEPT 435 N PARK AVE STE 204				THE EXPIRATI	ON DATE TH	EREOF, NOTICE WILL I	BE DELIVERED IN	
FREMONT, NE 68025-4977					ACCORDANCE WITH THE POLICY PROVISIONS.			
•					AUTHORIZED REPRE	ESENTATIVE	980 years	
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