

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/04/2018

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 certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Complete					
Insurance Agent/Company	PHONE (A/C, No, Ext): Complete FAX (A/C, No):					
1111 Street Address	EMBRESS: NDOT Required: Email for direct point of contact					
TTT Street Address	INSURER(S) AFFORDING COVERAGE	NAIC#				
City, State 12345	INSURER A: Company Name	omplete				
INSURED	INSURER B: Company Name	omplete				
NDOT Required: Exact Name of Registered Company	INSURER C :	omplete				
2222 Street Address	INSURER D:					
	INSURER E :					
City, State 56789	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

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INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
^	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	
Α	CLAIMS-MADE OCCUR			Complete			DAMAGE TO RENTED PREMISES (Ea	\$
					01/71/2019	01/01/2020	occurrence) MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
В	AUTOMOBILE LIABILITY			M,			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		Χ	Complete			BODILY INJURY (Per person)	\$
	X OWNED AUTOS ONLY SCHEDULED AUTOS				01/01/2019	01/01/2020	BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per	\$
							accident)	\$
Α	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE			Complete	01/01/2020	01/01/2020	AGGREGATE	\$
	DED RETENTION \$							\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
AN	IANY PROPRIETOR/PARTNER/				01/01/2019	04/04/2020	E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		01/01/2019	01/01/2020	E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	Cargo						\$1,000 Deductible	
								(NDOT Minimum Amounts Shown)

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

***Workers Comp is only required when there are drivers in addition to the owner/operator. If no other workers,

a Worker's Comp Exemption form is required to be submitted with your COI

CERTIFICATE HOLDER CANCELLATION

NDOT Required: Address as Shown Below

Nebraska Department of Transportation Attn: Construction Division - Insurance

P.O. Box 94759 Lincoln, NE 68509 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

NDOT Required: Signature Here

Worker's Compensation Exemption Form

The undersigned, a contractor for the Nebraska Department of Transportation, qualifies for one or more of the exceptions set out in Neb. Rev. Stat. § 48-115 from the requirement to carry workers' compensation insurance. The exception(s) applicable to the undersigned is/are:

(Check applicable exceptions)	
Self-employed sole propriet	or and there no other workers.
A member of a partnership i are no other workers.	n which all the partners have claimed the exception and then
	ity company (L.L.C.) in which all the members are engage time basis, have claimed the exception, and there are no other
	Signature
	Printed Name
	Business Name of Contractor