



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.

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.

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

EXAMPLE

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 proprietor and there no other workers.

_____ A member of a partnership in which all the partners have claimed the exception and there are no other workers.

_____ A member of a limited liability company (L.L.C.) in which all the members are engaged in the business on a substantially full-time basis, have claimed the exception, and there are no other workers.

Date: _____

Signature

Printed Name

Business Name of Contractor