Client#: 2372											
	40		FI	CA	TE OF LIABI	ILITY INSURANCE				DATE (MM/DD/YYYY) 03/07/2023	
C	ERT	IFICATE DOES NOT AFFIRMATIV	ELY	RIGHTS UPON THE CERTIFICATE HOLDER. THIS 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.										
lf	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 any rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Laura Weeks										
		surance Services, Inc.									
		est 47th Street, Suite 1100				PHONE (A/C, No, Ext): 816 945-5589 (A/C, No): E-MAIL ADDRESS: Iweeks@cbiz.com					
		s City, MO 64112			-						
		5-5500			-	INSURER(S) AFFORDING COVERAGE				NAIC #	
INSU	RED					INSURER B :				20121	
		Myers and Stauffer, LC				INSURER C :					
		700 W. 47th Street, Suite 1	100			INSURER D :					
		Kansas City, MO 64112				INSURER E :					
						INSURER F :				-	
CO	/ER	AGES CER	TIFIC	ATE	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.										ICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR			F POLICY EXP (Y) (MM/DD/YYYY)	LIMI	TS		
		COMMERCIAL GENERAL LIABILITY	INSR	WVD	FOLICT NOMBER			EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG			
		OTHER:							\$		
	AUT							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
Α	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY			6072461232		22 09/30/2023				
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		6072461246CA	09/30/20	22 09/30/2023	E.L. EACH ACCIDENT		0,000	
	(Mai	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYE			
	DÉS	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
DES	יחוםי	TION OF OPERATIONS / LOCATIONS / VEHIC	1 69 //		101 Additional Demortes October			uirod)			
		P #114352 O3	LE9 (/	CORI	o ioi, Additional Kemarks Schedu	ne, may be attached i	more space is requ	ineu)			
Wa	iver	of subrogation in favor of Sta	te o	f Ne	braska, Department of	Health and Hu	man Services	s, Adult			
Protective Services applies on Workers Compensation policy as required by written contract.											

CERTIFICATE HOLDER	CANCELLATION			
State of Nebraska, Department of Health and Human Services, Adult Protective Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Attn: Dana Crawford-Smith	AUTHORIZED REPRESENTATIVE			
301 Centennial Mall S	Mark 6. Store			
Lincoln, NE 68509	ha in a far a far the			

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