



CERTIFICATE OF LIABILITY INSURANCE

OP ID: HUKA

DATE (MM/DD/YYYY) 11/02/2020

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).

PRODUCER	402-466-2800	CONTACT DAVE KIRBY				
McCashland Kirby Ins Agency 8231 Northwoods Dr. Ste A		PHONE (A/C, No, Ext): 402-466-2800	FAX (A/C, No): 402-46	66-3229		
Lincoln, NE 68505		E-MAIL ADDRESS:				
DAVE KIRBY		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Donegal Insurance Group		14389		
INSURED Inc.		INSURER B:				
INSURED Athey Painting, Inc. 9400 Yankee Hill Road		INSURER C:				
Lincoln, NE 68526		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.

INSR LTR	TYPE OF INSURANCE	ADDL	SHR						
		INSD	WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
A X c	OMMERCIAL GENERAL LIABILITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		CPR8977114	03/01/2020	03/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
I Ш_							MED EXP (Any one person)	\$	5,000
I Ш_							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
P(OLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
l o	THER:							\$	
A AUTON	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	NY AUTO	Х		CLR8977114	03/01/2020	03/01/2021	BODILY INJURY (Per person)	\$	
O\	WNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
X HI	IRED UTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A X u	MBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	3,000,000
E)	XCESS LIAB CLAIMS-MADE	X		CWA8977114	03/01/2020	03/01/2021	AGGREGATE	\$	3,000,000
l Di	ED X RETENTION \$ 10000							\$	
	ERS COMPENSATION MPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
ANY PR	ROPRIETOR/PARTNER/EXECUTIVE PROMETER EXCLUDED?	N/A	X	WC8977114	03/01/2020	03/01/2021	E.L. EACH ACCIDENT	\$	1,000,000
(Mandat	itory in NH)	, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCR	lescribe under RIPTION OF OPERATIONS below							\$	1,000,000
A Equip	ment Floater			CPR8977114	03/01/2020	03/01/2021	Limit		25,000
Lease	ed/Rented Equi						Ded		500

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

Project: RFP #6348 Z1 - HRC wall installation and materials

Nebraska Department of Health & Human Services is listed as Additional Insured on the Commercial General Liability and Business Automobile on a

Primary, non-contributory basis.

A Waiver of Subrogation in favor of Nebraska Department of Health & Human

OEKTII IOATE HOEDEK		CANCELLATION
Nebraska Dept of Health and Human Services COMS	NEBRA19	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
COMS 301 Centennial Mall S Lincoln, NE 68508		AUTHORIZED REPRESENTATIVE DANA L KARY

CANCELL ATION

CERTIFICATE HOLDER

IOTEPAD:	EBRA19 they Painting, Inc.		ATHEY-1 OP ID: HUKA	Date	PAGE 2 11/02/2020
Services is pr	Workers Compensation, to to contract.	the extent	allowed by		
Umbrella follo					