

Contract Risk Management & Insurance Manual

The State of Nebraska



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The Purpose of This Manual

The Office of Risk Management of the State of Nebraska has developed this manual to help agency contract managers evaluate appropriate minimum insurance requirements and incorporate them into contracts, Requests for Proposals, Invitations to Bid, leases and other State of Nebraska agreements. This manual provides specific guidance and templates that can be incorporated into a contract document.

This manual establishes guidelines for minimum requirements when no formally regulated requirements exist. This manual does not supersede any higher insurance limits required by statute or regulation for certain types of agreements. The value or size of an agreement does not necessarily determine the potential liability or exposure. Under certain circumstances, small vendors or suppliers may not be able to obtain the required limits; while the contracting agency may determine an exception or waiver is desirable, all proposals to reduce or eliminate any of these requirements must be submitted in writing to the Office of Risk Management; in most cases a decision to accept or reject the exception or waiver will be provided within 3-5 business days.

The State of Nebraska requires all contractors, with the exception of those employers outlined in Nebraska Revised Statutes §48-106, to have Workers' Compensation insurance. Although many small and mid-size businesses purchase combination insurance in a Business Owner's Policy (BOP), a BOP does not include Workers' Compensation. Businesses must purchase Workers' Compensation separately.

This manual will assist staff who:

- Negotiate or formulate contracts or leases
- Administer contracts or leases
- Review and approve contracts or leases
- Review and track insurance certificates and other contract documents

For questions regarding the information in this manual, or assistance in determining the appropriate insurance coverage, please contact the Office of Risk Management.

Descriptions of Key Insurance Policies

Commercial General Liability Insurance (CGL)

- Who should have Commercial General Liability Insurance?
 - All contractors, suppliers and service providers who may do work for the State and/or who use or occupy State property.
- What does Commercial General Liability (Third Party) Insurance cover?
 - Bodily injury
 - Property damage
 - Limited contractual liability
 - Products and completed operations
 - Personal and advertising injury liability.
- CGL policy definitions:
 - Bodily injury: includes bodily harm, sickness, or disease, including resulting death.
 - Property damage: physical injury to tangible property, including resulting loss of use and loss of use of tangible property that has not been physically injured.
 - Personal injury: Libel, slander, false arrest, and invasion of privacy.
 - Products & completed operations: Insurance covering the contractor for damage or injury to third parties resulting from something the contractor supplied, constructed, made, repaired, or installed.
- As noted above, CGL policies usually include limited coverage for liability assumed under a contract. The Contractual Liability coverage section generally includes:
 - Liability that the insured would have in the absence of the contract or agreement
 - Liability assumed under an “insured contract.” An “insured contract” means:
 - A contract for a lease of premises
 - A sidetrack agreement with a railroad, covering the use of track, sidings or crossings
 - Easements
 - Agreements required by municipalities as a result of ordinances (but not for work done for those municipalities)
 - Elevator maintenance agreements
 - Liabilities that would be “imposed by law in the absence of any contract or agreement”
 - Any other contract pertaining to the named insured’s business.
- In addition to the standard Commercial General Liability policy terms outlined above, the State of Nebraska requires the following language in all contracts:
 - The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

Business Auto Liability Insurance

- Who should have Business Auto Liability insurance?
 - All contractors and suppliers who transport workers, equipment and/or materials to State jobsites, facilities or locations.
 - All service providers who drive onto or park at State facilities.
- What does Business Auto Liability insurance cover?
 - “Third Party” losses caused by or arising out of use of a “covered auto”, including:
 - Bodily injury
 - Property damage
 - Medical payments
- Business Auto policy definitions:
 - “Any Auto” coverage means the policy covers liability arising from owned, hired and other non-owned vehicles, and vehicles purchased or leased during the policy term, without the necessity of listing each specific vehicle and reporting them to the insurer.
 - “Covered Auto” is a land motor vehicle, trailer, or semi-trailer designed for travel on public roads, not including "mobile equipment." Most automobile policies use numerical "symbols" to indicate which automobiles are covered. The symbols are shown with the coverages on the Declarations (cover) page. A list of the symbols are:
 - Symbol 1 ("any auto") is preferable for liability insurance because it is the broadest and covers all autos
 - Symbol 7 (specifically described autos) for liability and will list the covered autos
 - Symbol 8 (Hired autos)
 - Symbol 9 (Non-Owned autos) covers the liability resulting from employees using personal or rental vehicles on company business
 - Contractors must have coverage for Non-Owned and Hired Automobile Liability even if they do not own automobiles; this covers their employees' use of personal or rental vehicles on company business. This can be endorsed to the Commercial General Liability policy if there is not an automobile policy. Hired and Non-Owned Auto Liability does not cover the owner of the vehicle; there should be a separate policy to cover that liability.
 - Hired Auto coverage provides liability coverage for a non-owned, unlisted vehicle that the Contractor has leased, hired, rented or borrowed.
 - Combined Single Limit (CSL) is a single number that describes the combined total limit of Bodily Injury (BI) liability coverage and Property Damage (PD) liability coverage per accident.
 - Non-Owned Vehicle insurance extends the coverage provided under the Bodily Injury Liability coverage and Property Damage Liability coverage of the policy to any vehicles not owned by the insured business that are used by any employees of the business for business purposes.
 - Split Limits are a series of three numbers (ex. \$15,000/\$30,000/\$10,000) that describe the predetermined maximum amounts to be paid for Bodily Injury (BI) Liability coverage per person and per accident; and Property Damage (PD) Liability coverage per accident. In this example, \$15,000 (BI) per person; \$30,000 (BI) per accident; and \$10,000 (PD) per accident.

Workers' Compensation and Employer's Liability Insurance

- Who should have Workers' Compensation and Employer's Liability Insurance?
 - All contractors, suppliers and service providers, other than employers who are specifically exempted – see exceptions below.
- Workers' Compensation is a statutory program, compulsory in the State of Nebraska, to provide benefits to employees who become ill or injured on the job, or as a result of their employment. Through this program, workers are reimbursed for lost wages and provided with medical benefits, and employers have the assurance that the employee will not sue them. These benefits are available to the injured worker regardless of fault.
- Workers' Compensation insurance pays these benefits, on behalf of an insured employer, to employees or their families in the case of injury, disability, or death resulting from occupational hazards:
 - Lifetime medical benefits
 - Wage-replacement benefits
 - Permanent partial impairment benefits
 - Vocational rehabilitation
 - Funeral expenses
 - Survivor benefits
- Most Workers' Compensation and Employer's Liability policies include two parts:
 - Under Coverage A – ***Workers' Compensation (WC)*** – the insurance company promises to pay all compensation and all benefits required of an insured employer under the workers' compensation laws of the State or states listed in the policy.
 - Under Coverage B – ***Employer's Liability (EL)*** – the insurer promises to pay damages, compensation, benefits and expenses for situations or workers not covered under workers' compensation laws, but for which an injured worker or his/her dependent could seek compensation for injuries suffered under common-law liability.
- **Exclusive Remedy:** Under the laws of most states, including the State of Nebraska, if an employer is enrolled in that state's Workers' Compensation program and purchases the required insurance coverage, employees must accept statutory benefits as the sole and exclusive compensation for injuries they incur on the job. However, although a worker whose injury is covered by the Workers' Compensation Act under Nebraska Revised Statutes loses the common-law right to sue their employer, that worker may still sue other parties whose negligence or operations contributed to the work injury.
- **Exceptions to Workers' Compensation:** The Nebraska Workers' Compensation Act does not apply to:
 - a) A railroad company engaged in interstate or foreign commerce;
 - b) Service performed by a worker who is a household domestic servant in a private residence;
 - c) Service performed by a worker when performed for an employer who is engaged in an agricultural operation and employs only related employees;
 - d) Service performed by a worker when performed for an employer who is engaged in an agricultural operation and employs unrelated employees unless such service is performed for an employer who during any calendar year employs ten or more unrelated, full-time employees, whether in one or more locations, on each working day for thirteen calendar weeks, whether or

not such weeks are consecutive. The act shall apply to an employer thirty days after the thirteenth such week;

- e) Service performed by a person who is engaged in an agricultural operation, or performed by his or her related employees, when the service performed is (i) occasional and (ii) for another person who is engaged in an agricultural operation who has provided or will provide reciprocal or similar service.
 - f) If the employer is the state or any governmental agency created by the state, the exemption from the act under subdivision (2)(d) of this section does not apply.
- To protect the State of Nebraska against “third-party-over” lawsuits by an injured worker of a contractor or supplier, it is important that the contract contain language that requires the contractor and its Workers’ Compensation insurer to protect the State. Some key requirements include:
 - **Waiver of Subrogation:** Under both WC and EL coverage parts, the insurer retains the right to subrogate, or assess the costs of benefits, against a liable third party. For this reason, it is important for the State of Nebraska to require a Waiver of Subrogation from a contractor’s WC and EL insurer.
 - **Alternate Employer Endorsement:** Where the work is supervised by State officials, or by others hired by the State, or takes place on State property, this endorsement provides “exclusive remedy” protection to the State.

Umbrella / Excess Liability Insurance

- Insurance that provides additional coverage limits in “excess” of underlying policies, such as:
 - Commercial General Liability
 - Business Auto Liability
 - Employer’s Liability
 - Garage Liability
- Umbrella Liability insurance is designed to provide additional protection against catastrophic losses that exceed the limits of one or more underlying primary policies. The umbrella policy serves three purposes:
 - Provides excess limits when the limits of underlying liability policies are exhausted by the payment of claims.
 - Drops down and picks up where the underlying policy leaves off when the aggregate limit of the payment of claims has exhausted the underlying policy in question.
 - Provides protection against some claims not covered by the underlying policies, subject to the assumption, by the named insured, of a self-insured retention.
- Excess Liability provides coverage only over specified policies. Coverage terms and conditions are defined in the underlying policies; the excess policy only extends the limits.
- Umbrella / Excess Policy Definitions:
 - Follow Form: An excess policy that provides exactly the same coverage as underlying policy(s). Many excess liability policies state that they are Follow Form except with respect to certain terms and conditions. When this is the case, the excess liability policy is not truly on a Follow Form basis.
 - Drop Down coverage: Excess coverage is said to “Drop Down” where underlying policy limits have been exhausted; or where the excess policy provides coverage for a claim that the underlying policy terms do not.

Commercial Crime and Third Party Fidelity Insurance

- Who should be required to purchase Crime and Third Party Fidelity Insurance?
 - Contractors for services that involve contractor employees handling money, securities or other valuable property; or
 - Contractors for services that grant contractor employees access to the State of Nebraska computer networks, accounting software or other computer resources.
- A Commercial Crime policy typically provides several different types of crime coverage, including:
 - Employee Dishonesty: Covers loss due to employee theft of money, securities, or property.
 - Forgery & Alteration: Covers loss due to dishonesty in writing, signing, or altering checks, bank drafts, and other financial instruments.
 - Money & Securities (Inside/Outside): Covers loss of money, prepaid debit/credit cards and securities from within the insured's premises or from the insured's bank or safe depository.
 - Computer Crime: Insures against theft of money, securities, or property when a computer has been used to transfer covered property from the insured's premises or bank to another person or place. No coverage is provided for theft of information or for computer vandalism.
 - Money Orders and Counterfeit Paper Currency: Covers loss due to acceptance of a money order that a post office or express company issued (or is purported to have issued) and loss due to acceptance of counterfeit paper currency.
 - Funds Transfer Fraud: Coverage in the event that a financial institution receives fraudulent instructions to transfer funds from the customer's account to another person or organization.
- Third Party Fidelity coverage: Insures the contractor and the State of Nebraska when services are performed for third parties on behalf of the State – such as in-home care, transportation of the elderly, etc. Coverage is triggered when there is an allegation of theft of a client's property by a contractor employee. Also covers collusion between contractor employee(s) and the State of Nebraska employee(s).

Professional Liability / Errors & Omissions Insurance

- Who should have Professional Liability/ Errors and Omissions coverage?
 - Contractors and providers of professional services, including services listed below that are eligible to be covered by professional liability insurance; including:
 - Licensed and accredited medical professionals such as physicians, dentists, allied health professionals and other medical practitioners
 - Licensed architects, designers and engineers
 - Information technology specialists (computer programmers, etc.)
 - Non-licensed professionals such as interpreters, recorders, testing facilities, and laboratories.
- What does Professional Liability insurance cover?
 - Covers economic and financial losses when the covered professional fails to perform their professional duty. Some professionals, such as physicians, are also covered for bodily injury.
 - Covers medical professionals for malpractice, misconduct, negligence, errors, omissions, or incompetence in the performance of a covered act or service.
- Nebraska Medical Malpractice Limit: Nebraska Revised Statute §44-2825, the total amount recoverable under the Nebraska Hospital-Medical Liability Act from any and all health care providers and the Excess Liability Fund for any occurrence resulting in any injury or death of a patient may not exceed \$2,250,000 for any occurrence after December 31, 2014. The limit for an individual healthcare provider qualified under the Act is \$500,000 for all claims or causes of action arising from any one occurrence. Although the Nebraska Hospital-Medical Liability Act provides liability protection for healthcare providers, this protection is only available to those providers who are qualified under the Act. Nebraska Revised Statute §48-2824 outlines those qualifications. Also note, a healthcare provider should be able to provide verification that it is a qualified provider under the Nebraska Hospital-Medical Liability Act.
- If the policy is “**Claims-Made,**” contractual requirements should address the length of time tail coverage must be maintained. Claims-made policies require that claims for coverage are made against the insured after policy inception or the retroactive date; and be reported to the insurer before the expiration of the policy or an extended reporting period. Thus, a claim for damages that occurs during the policy effective dates, but is not reported until after policy expiration, will automatically be denied by the insurer unless an “extended reporting” period has been put in place. This contrasts with “occurrence” policies, where a claim for damages that occurred during the policy period may be filed at any time, potentially even years later.

Nebraska Medical Damages Cap

Under Nebraska Revised Statutes §44-2825, the total amount recoverable for damages in medical malpractice cases for any occurrence resulting in any injury or death of a patient are capped at \$2,250,000. This number includes both "economic" damages like medical bills and lost wages and "non-economic" damages like pain and suffering.

Garage Liability and Garagekeepers' Legal Liability Insurance

- Who should have Garage Liability and Garagekeepers' Legal Liability insurance?
 - Owners of garages and parking facilities that maintain, service or store State vehicles.
 - Contractors operating or providing services for State-owned parking garages, including valet services at a State-owned facility.
- What does Garage Liability Insurance cover?
 - Garage owners and operators for liability, medical payments, and automobile physical damage arising out of the operations as auto dealers, service stations, auto repair shops, and parking lots.
 - Includes General Liability coverage for garage operations.
- What does Garagekeepers' Legal Liability Insurance cover?
 - Property/physical damage insurance for autos left for service, repair, storage, towing or safekeeping.

For both coverages, limits should be high enough to cover the total value of all State autos left for safekeeping at any one time.

Cyber Liability Insurance

- Who should have Cyber Liability insurance?
 - All contractors and service providers who install, maintain, service, update, repair and/or program State computers and IT systems.
 - All service providers who maintain, update, access, copy or use State medical records, personnel/employment records and/or similar confidential records.
- What does Cyber Liability insurance cover?
 - For suppliers and service providers of IT systems, hardware and software: coverage for damage arising from breakdowns, system failure, malfunctions and similar occurrences.
 - For information and data services: coverage for third-party claims alleging the loss or breach of the State of Nebraska's sensitive data, caused by or arising out of the services of a contractor or service provider.
- Coverage should include:
 - All discovered cyber incidents and breaches of privacy affecting State data, regardless of whether any third-party claims are filed;
 - Costs of notifying all affected parties, and expenses of personal monitoring;
 - Investigation, mitigation, regulatory and remediation costs; and
 - Ongoing business interruption and restoration costs, including recovering data, repairing the problem(s) discovered and restoring security.

Contractor's Pollution Liability Insurance

- Who should have Contractor's Pollution Liability insurance?
 - Contractors and service providers whose operations may impact the environment, including construction, landscaping, waste/trash pickup and hauling and similar services and operations.
 - All contractors and service providers whose operations involve the use of chemicals and/or hazardous substances.

- What does Contractor's Pollution Liability insurance cover?
 - Third-party coverage for the Insured(s) for claims resulting from pollution conditions – whether sudden and accidental or gradual – that arise out of or result from contracting operations performed by or on behalf of the Insured, includes coverage for:
 - Bodily injury and property damage, plus defense and pollution cleanup expenses.
 - Remediation and restoration costs stemming from pollution incidents resulting from the contractor's covered operations.

Note: Coverage is generally available for a specific contract, project or blanket basis.

- Contractual requirements should address these basic items:
 - Whether coverage for Completed Operations is needed.
 - Blanket versus project-specific coverage – should there be a dedicated project policy or limit?
 - Define limits, retention, term and any unique needs, such as HAZMAT or removal/ remediation services.
 - Define the length of time tail coverage must be maintained, if the policy is **"claims- made."****
 - If the policy is "Claims-Made," contractual requirements should address the length of time tail coverage must be maintained. Claims-made policies require that claims for coverage are made against the insured after policy inception or the retroactive date; and be reported to the insurer before the expiration of the policy or an extended reporting period. Thus, a claim for damages that occurs during the policy effective dates, but is not reported until after policy expiration, will automatically be denied by the insurer unless an "extended reporting" period has been put in place. This contrasts with "occurrence" policies, where a claim for damages that occurred during the policy period may be filed at any time, potentially even years later.
 - Non-Owned Disposal Sites (NODS): Because generators of waste may be liable for the cleanup of a non-owned disposal site, disposal sites that accept waste or construction debris from contractors can be added via endorsement to most CPL policies.

- Most insurers will only provide a total term (construction period plus completed operations) of ten years for project policies.

Certificates of Insurance 101

Key issues to look for on insurance certificates:

- Type of insurance and policy limits match the contract requirements.
- Policy effective dates and expiration dates coincide with the contract term. If not, request another certificate before the policy expires.
- The State of Nebraska and the Contracting Agency should be named as the certificate holder and additional insured.
- What do the comments in the description section say? Contact the Office of Risk Management with any questions.
- Is there a Self-Insured Retention (SIR) listed?
 - If a SIR is on a Certificate of Insurance, then the Contractor is required to perform all the functions normally undertaken by an insurance company for claims within the SIR. A claim must exceed the SIR amount before the insurance company will step in.

Sample Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Sample Insurance and Indemnity Terms and Conditions

Purchase Order – Sample Contract Conditions

Indemnity

Supplier hereby agrees to indemnify and hold harmless the State of Nebraska, the Contracting Agency and their affiliates, officers, directors, agents and employees from all claims and suits for money or damages to property including incidental and consequential damages relating thereto or injuries, including death, to persons, and from all judgments recovered therefor, and from all expenses in defending said claims or suits, including court costs, attorney's fees and other expenses, caused by, or arising out of: (a) the act or omission of Supplier, its agents, servants and employees while on or about the premises of the State of Nebraska for the purposes of delivering, installing or providing the goods and services required by this order; (b) the negligence or wrongful acts or omissions of Supplier, its agents, servants and employees; (c) any misrepresentation, breach of warranty, or nonfulfillment of any obligation or agreement made by Supplier in connection with this order; and (d) any and all claims, demands and liens for the value of goods furnished or labor performed under this order.

Survival

The warranties, remedies and indemnities provided in this order shall survive delivery, shall not be deemed waived, either by reason of acceptance or payment, and shall be in addition to those implied by or available at law.

Insurance

Supplier hereby agrees to furnish and maintain at its own cost and expense, insurance policies underwritten by insurance companies with an A.M. Best Rating of at least "A- VIII", protecting:

- a. Workers' Compensation and Employers Liability
 1. The legal liability of the Supplier under the Workers' Compensation Act of the State of Nebraska and any State or other statute or law, to pay claims for personal injuries sustained by its employees, including death resulting therefrom. Employer's Liability coverage shall be included with a limit of not less than \$500,000; and
 2. The legal liability of Supplier for damage to property and for injuries to or death of any person or persons (including automobile exposure), and contractual liability assumed by Supplier pursuant to the Indemnity section above, said insurance to be written with a limit of not less than \$1,000,000 for any one occurrence.
 3. No Limitation. The State of Nebraska's establishment of minimum insurance requirements is not a representation by the State of Nebraska that such limits are sufficient and does not limit Supplier's liability under this Purchase Order in any manner.

Supplier shall not violate, or permit to be violated, any conditions of any of said policies, and shall at all times satisfy the requirements of the insurance companies writing said policies. The insurance company(ies) shall provide a waiver of subrogation in favor of the State of Nebraska and the Contracting Agency applicable to all insurance policies including Workers' Compensation and Employer's Liability; and name the State of Nebraska and the Contracting Agency as additional insureds in connection with the general liability coverage required. Supplier shall furnish the Contracting Agency with insurance certificates indicating the coverage referred to above. Supplier shall not subcontract for the performance of any part of the work herein required without imposing similar obligations on any subcontractor so employed.

Service Order – Sample Contract Conditions

Indemnity

a. Definitions for purposes of this section:

“**The Owner**” means and includes the State of Nebraska, the Contracting Agency, all of their affiliates and their respective officers, agents, contractors, servants and employees;

“**The Contractor**” means and includes Contractor and its Subcontractors of every tier and their respective servants, agents and employees; and

“**Loss**” means any and all loss, damage, liability, or expense, whether incurred as a judgment, settlement, penalty, fine or otherwise (including attorney’s fees and the cost of defense), in connection with any action, proceeding or claim, whether real or spurious, for injury, including death to any person or persons including but not limited to the employees of **The Owner** and **The Contractor** or damage to, loss of the use of, or loss of the property of any person, firm or corporation including the parties hereto and further including but not limited to the employees of **The Owner** and **The Contractor**, arising or resulting out of the performance of services required pursuant to this Contract.

b. The Indemnity

1. The Contractor shall indemnify and hold harmless the Owner from any and all loss caused or incurred in whole or in part as a result of the negligence or other actionable fault of the Contractor.
2. It is agreed as a specific element of this Contract that this indemnity shall apply notwithstanding the joint, concurring or contributory fault or negligence of the Owner and, further, notwithstanding any theory of law including, but not limited to, a characterization of the Owner’s joint, concurring or contributory fault or negligence as either passive or active in nature.
3. Nothing in this section shall be deemed to impose liability on the Contractor to indemnify the Owner for loss whereas between the Owner and the Contractor, the Owner’s negligence or other actionable fault is the sole cause of loss.
4. In the event that full indemnity pursuant to the foregoing provisions of this Section is unenforceable under any state law, the Contractor and the Owner shall bear any loss in proportion to their respective fault.

c. Waiver of Certain Defenses. With respect to the Owner’s indemnity rights under the Contract Documents, the Contractor expressly waives all statutory or common law defenses including but not limited to those under Workers’ Compensation, Contribution, Comparative Fault or similar statutes or legal principles to the extent said defenses are inconsistent with or would defeat the purpose of the indemnifications provided under this Section.

Liability Insurance

- a. The Contractor hereby agrees to furnish and maintain at its own cost and expense, insurance policies underwritten by insurance companies with an A.M. Best Rating of at least “A- VIII”, protecting:
1. The legal liability of the Contractor under the Workers’ Compensation Act of the State of Nebraska or other statute or law, to pay claims for personal injuries sustained by its employees, including death resulting there from. Employer’s Liability coverage shall be included with a limit of not less than \$1,000,000.

2. The legal liability of the Contractor to pay claims for damage to property, and for injuries to or death of any person or persons (including automobile exposure) and including coverage for the liability assumed by the Contractor, said insurance to be written with a limit of liability of not less than \$2,000,000 for any one occurrence, \$2,000,000 policy aggregate and \$2,000,000 products/completed operations aggregate. Coverage shall not exclude claims caused by explosion, collapse and underground hazards; products and completed operations.
- b. The Owner shall be included under the Contractor's insurance, required under a.2. as an additional insured with respect to claims and/or liability arising out of work performed for the Owner by the Contractor or acts or omissions of the Owner in connection with its general supervision of the Contractor's work. All insurance provided to the Owner by the Contractor shall be primary and any insurance maintained by the Owner shall be excess to and not contributory with Contractor's insurance.
 - c. The Contractor shall also provide a waiver of subrogation in favor of the Owner from the Contractor's Workers' Compensation insurer and the Contractor's Employer's Liability insurer.
 - d. The Contractor shall not violate, or permit to be violated, any conditions of any of said policies, and shall at all times satisfy the requirements of the insurance companies writing of said policies and shall furnish the Owner with insurance certificates indicating the coverage referred to in subparagraph a. and b. above. Each such certificate shall state that the Owner will be given thirty (30) days advance notice of cancellation or of any material restriction of coverage. The Contractor shall be responsible for replacing cancelled coverage so that no hiatus in coverage occurs.
 - e. No Limitation. The Owner's establishment of minimum insurance requirements is not a representation by the Owner that such limits are sufficient and does not limit the Contractor's liability under this Contract in any manner.
 - f. To satisfy the above requirements, the certificate of insurance shall include the following statement or a similar statement:

"A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all insurance policies including Workers' Compensation and Employer's Liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability or separation of insureds clause in effect on their behalf."
 - g. If the Contractor has obtained claims-made coverage to satisfy the foregoing insurance requirements, then the Contractor agrees to maintain such claims-made coverage for three years beyond the performance of this order.
 - h. The Contractor shall be responsible to assure that all subcontractors of every tier maintain adequate insurance of the type described in this Section.
 - i. The right of the Contractor to receive any payments under this Contract is expressly contingent upon the Contractor's full compliance with all provisions of this Section.

Park Service: Camps, Athletic & Similar Events – Sample Requirements

Indemnity

Contractor/Vendor hereby agrees to indemnify and hold harmless the State of Nebraska, the Contracting Agency and their affiliates, officers, directors, agents and employees from all claims and suits for money or damages to property including incidental and consequential damages relating thereto or injuries, including death, to persons, and from all judgments recovered therefor, and from all expenses in defending said claims or suits, including court costs, attorney's fees and other expenses, caused by, or arising out of: (a) the acts or omissions of Contractor/Vendor, its agents, servants and employees while on or about the premises of any State of Nebraska venue for the purposes of delivering participants and providing the services described in this contract; (b) the negligence or wrongful acts or omissions of Contractor/Vendor, its agents, servants and employees; (c) any misrepresentation, breach of warranty, or nonfulfillment of any obligation or agreement made by Contractor/Vendor in connection with this contract; and (d) any and all claims, demands, liability, and/or expense, whether incurred as a judgment, settlement, penalty, fine or otherwise (including attorney's fees and the cost of defense), in connection with any action, proceeding or claim, whether real or spurious, for injury, including death, to any participant, volunteer, agent or employee of Contractor/Vendor.

Insurance Requirements

The Contractor/Vendor shall maintain, at its own cost and expense, the following types and amounts of insurance with insurers with rating of "A- VIII" or better according to the A.M. Best rating guide as a minimum standard.

The amounts of insurance, limits of liability, and coverage terms included are not intended as a limitation of the Contractor's responsibility or liability under the contract, but rather are the minimum types, amounts, and scope of insurance that the Owner considers necessary to allow the operation of the concession at the area. Nevertheless, if the Contractor purchases insurance in addition to the types and limits of coverage set forth herein, the Owner will receive the benefit of the additional amounts of insurance without additional cost to the service.

Liability Insurance

The Contractor must maintain the following minimum liability coverages, all of which, unless noted herein, are to be written on an occurrence form of coverage. The Contractor may attain the limits specified below by means of supplementing the respective coverage(s) with Excess or "Umbrella" liability as explained below.

Commercial General Liability

- (1) The Contractor must obtain coverage for bodily injury, property damage, contractual liability, personal and advertising injury liability, and products and completed operations liability. The Contractor must provide the following minimum limits of liability:

General Aggregate (Per Location Basis)	\$2,000,000
Products and Completed Operations Aggregate	\$2,000,000
Per Occurrence	\$1,000,000
Personal and Advertising Injury Liability	\$1,000,000
Participants Legal Liability	\$1,000,000
Medical Payments to Participants	\$25,000
Medical Expense Reimbursement to Participants	\$1,000
Medical Payments to Others	\$10,000

Damage to Premises Rented to You	\$300,000
Camp Directors Professional Liability	Included
Incidental Medical Malpractice	Included
Sexual Abuse or Molestation	Included

(2) The liability coverages **may not** contain the following exclusions/limitations:

- Athletic or Sports Participants
- Products/Completed Operations
- Personal & Advertising Injury
- Contractual Liability
- Explosion, Collapse and Underground Property Damage
- Total Pollution Exclusion
- Watercraft limitations affecting the use of watercraft in the course of the Contractor's operations (unless separate Watercraft coverage is maintained)

(3) If the policy insures more than one location, the General Aggregate limit must be amended to apply separately to each location.

Automobile Liability

- The Contractor must provide coverage for bodily injury and property damage arising out of the ownership, maintenance or use of all owned, non-owned and hired vehicles used in connection with the performance of work under this contract, with a combined single limit of liability for bodily injury and property damage of not less than \$1,000,000 Combined Single Limit (Each Accident).
- If Contractor employees are using personal vehicles exclusively for personal transportation to and from State worksites, only Personal Auto Liability coverage is required.

Excess Liability or “Umbrella” Liability

The Contractor is not required to provide Excess Liability or “Umbrella” liability coverage, but may use it to supplement any of the insurance policies required above to meet the minimum requirements of the contract. If maintained, the Contractor will provide coverage for bodily injury, property damage, personal injury, or advertising injury liability in excess of scheduled underlying insurance. In addition, coverage must be at least as broad as that provided by underlying insurance policies and the limits of underlying insurance must be sufficient to prevent any gap between such minimum limits and the attachment point of the coverage afforded under the Excess Liability or “Umbrella” Liability policy.

The Contractor may use an Excess or “Umbrella” liability policy to achieve the commercial general liability and automobile liability limits set forth above. If a lower limit of liability is used for a subordinate policy, however, then the limit of liability under the excess policy must be in an amount to achieve the minimum limit of liability required for the subject policy.

Professional Liability Insurance (Camp or Athletic Director, including employees and volunteers)

The Contractor must provide coverage with a limit of liability no less than \$1,000,000 per Claim/Aggregate providing for all sums which the Professional shall become legally obligated to pay as damages for claims arising out of the services performed by the Professional or any person employed in connection with this Agreement. Professional means providers of Professional Services that are eligible to be covered by professional liability insurance.

Workers' Compensation and Employer's Liability

The Contractor must provide coverage for all employees, subcontractors, and/or volunteers of the Contractor and/or Vendor engaged in the performance of the scope of work associated with this contract and/or agreement. The minimum limits of liability shall be in accordance with applicable state and/or federal laws that may apply to Workers' Compensation insurance, with the following limits:

Workers' Compensation - Coverage A Statutory Limits (the State of Nebraska)

Employer's Liability - Coverage B

- \$500,000 Limit - Each Accident
- \$500,000 Limit - Disease each Employee
- \$500,000 Limit - Disease Policy Limit

If Contractor operations include use of watercraft on Navigable Waters, a maritime coverage endorsement must be added to the Workers' Compensation policy, unless coverage for captain and crew is provided in a separate Protection & Indemnity policy. "Navigable Waters" means a water body that is (a) subject to the ebb and flow of the tide; and/or (b) the water body is presently used, or has been used in the past, or may be susceptible for use (with or without reasonable improvements) to transport interstate or foreign commerce.

Property Insurance – Business Personal Property (Contents Coverage)

Amount of insurance (contents): Full replacement value without deduction. Amount of insurance (inventory): Full replacement value without deduction.

- (1) Insurance shall cover contents and inventory for all Concession Facilities.
- (2) Coverage shall apply on an "All Risks" or "Special Coverage" basis and shall include coverage for earthquake if the Facilities are located within Seismic Zones 3 or 4.
 - a. Flood Coverage (if applicable) must be maintained at least at the maximum limit available in the National Flood Insurance Program (NFIP) or the total replacement cost of the property, whichever is less, if the Concession Facilities are partially or fully within a Special Flood Hazard Area (Flood Zones A or V as identified by the Federal Emergency Management Agency).
 - b. Earthquake Coverage (if applicable) must be maintained at the maximum limit available not to exceed 100% replacement value, without a deductible greater than 5% of the property value, or its equivalent in whole dollars.
- (1) The policy shall provide for loss recovery on a Replacement value basis without deduction for depreciation.
- (2) The amount of insurance must represent no less than 100% of the replacement cost value of the insured property. The Contractor must insure inventory for 100% of the replacement cost of the products held for sale.
- (3) The coinsurance provision, if any, shall be waived or suspended by an Agreed Amount clause. Coverage is to be provided on a blanket basis for personal property.

Accidental Death & Specific Loss – Per Participant

- \$10,000 Accidental Death Principal Sum
- \$10,000 Accidental Dismemberment Principal Sum
- \$10,000 Accidental Medical Expenses Max Benefit

Crime/Employee Dishonesty \$1,000,000

Including, forgery or alteration, computer fraud, Money & Securities inside/outside, wire transfer fraud and Money Orders and Counterfeit Paper Currency

Deductibles/Self-Insured Retentions

The Contractor's self-insured retentions or deductibles on any of the above described Liability insurance policies (other than Umbrella Liability, or Professional Liability, if maintained) may not exceed \$5,000 without the prior written approval of the Owner. Deductibles or retentions on Umbrella Liability, and Professional Liability may be up to \$10,000.

Third Party Vendor Insurance

Contractors entering into contracts with third party vendors for various services or activities that the Contractor is not capable of providing or conducting, must ensure that all vendors retained for such work maintain an insurance program that adequately covers the activity and complies with all the requirements applicable to the vendor's own insurance.

Certificates of Insurance

All certificates of insurance required by this Contract shall be completed in sufficient detail to allow easy identification of the coverages, limits, and coverage amendments that are described above. In addition, the insurance companies must be accurately listed along with their A.M. Best Identification Number ("AMB#"). The name, address, and telephone number of the issuing insurance agent or broker must also be clearly shown on the certificate of insurance.

Due to the space limitations of most standard certificates of insurance, it is expected that an addendum will be attached to the appropriate certificate(s) in order to provide the space needed to show the required information.

In addition to providing certificates of insurance, the Contractor, upon written request of the Office of Risk Management, shall provide the Office of Risk Management with a complete copy of any of the insurance policies (and all endorsements thereto) required herein to be maintained by the Contractor.

Statutory Limits

In the event that a statutorily required limit exceeds a limit required herein, the Contractor must maintain the higher statutorily required limit, which shall be considered as the minimum to be maintained. In the event that the statutorily required limit is less than the limits required herein, the limits required herein apply.

No Limitation

The State of Nebraska's establishment of minimum insurance requirements is not a representation by the State of Nebraska that such limits are sufficient and does not limit the Contractor's liability under this Contract in any manner.

Additional Requirements

Supplier shall not violate, or permit to be violated, any conditions of any of said policies, and shall at all times satisfy the requirements of the insurance companies writing said policies. The insurance company(ies) shall provide a waiver of subrogation in favor of the State of Nebraska and the Contracting Agency applicable to all insurance policies including Workers' Compensation and Employer's Liability; and name the State of Nebraska and the Contracting Agency as additional insureds in connection with the general liability coverage required. All insurance provided to the Owner by the Contractor shall be primary and any insurance maintained by the Owner shall be excess to and not contributory with Contractor's insurance. Supplier shall furnish the Contracting Agency with insurance certificates indicating the coverage above referred to. Supplier shall not subcontract for the performance of any part of the work herein required without imposing similar obligations on any subcontractor so employed.

Construction Contract – Sample Contract Conditions

Indemnity

The Owner and Contractor hereby acknowledge and agree that as specific consideration for the Owner entering into this Contract with Contractor; Contractor agrees to indemnify the Owner, as provided in Subsections below:

a. Definitions for the purposes of this section:

"The Owner" means and includes Owner, the State of Nebraska, any Agency of the State of Nebraska, and all of their affiliates, and their respective officers, directors, agents, servants and employees;

"The Contractor" means and includes Contractor, all of its affiliates, subsidiaries, Subcontractors and Material men and their respective servants, agents and employees; and

"Loss" means any and all loss, damage, liability, or expense, of any nature whatsoever, whether incurred as a judgment, settlement, penalty, fine or otherwise (including attorney's fees and the cost of defense), in connection with any action, proceeding, or claim, whether real or spurious, for injury, including death to any person or persons or damage to or loss of, or loss of the use of the property of any person, firm or corporation, including the parties hereto, which arise out of or are connected with, or are claimed to arise out of or be connected with the performance of this Contract whether arising before or after the completion of the work required hereunder.

b. The Indemnity

The Contractor hereby agrees to indemnify, defend, and hold harmless the Owner from any and all loss where loss is caused or incurred, or alleged to be caused or incurred, in whole or in part, as a result of the negligence or other actionable fault of the Contractor.

It is agreed as a specific element of consideration of this Contract that this indemnity shall apply, notwithstanding the joint, concurring or contributory or comparative fault or negligence of the Owner or any third party and, further, notwithstanding any theory of law including, but not limited to, a characterization of the Owner's or any third party's joint, concurring or contributory or comparative fault or negligence as either passive or active in nature.

c. General Limitation

Nothing in this section shall be to impose liability on the Contractor to indemnify the Owner for loss when the Owner's negligence or other actionable fault is the sole cause of loss.

d. Waiver of Statutory Defenses

With respect to the Owner's rights pursuant to this Section herein, the Contractor expressly waives all statutory defenses, including but not limited to those under Workers' Compensation, contribution, comparative fault or similar statutes to the extent said defenses are inconsistent with or would defeat purposes of this section.

In the event that full indemnity pursuant to the above paragraph is unenforceable under any state law the Contractor and the Owner shall bear any loss in proportion to their respective fault.

Insurance

The Contractor, from the time of start of the services hereunder until completion of the services, shall provide at its own expense and maintain in effect the following types and amounts of insurance with terms and with insurance companies satisfactory to the Owner:

a. Workers' Compensation and Employer's Liability

The Contractor is required to comply with all applicable Federal and the Nebraska State Workers' Compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, such occupational diseases shall be covered under the employer's liability section of the insurance policy. Employer's liability limits shall be not less than \$1,000,000 for bodily injury by accident per accident and \$1,000,000 bodily injury by disease policy limit. An alternate employer endorsement in favor of the Owner shall also be maintained and a copy of the endorsement sent to Owner. The Contractor shall provide a waiver of subrogation in favor of the State of Nebraska and the Contracting Agency applicable to all insurance policies including Workers' Compensation and Employer's Liability

b. Automobile/Motor Liability Insurance

The Contractor, and their subcontractors, as applicable, shall procure and maintain at all times Business Automobile liability insurance. The policy shall provide for bodily injury and property damage liability coverage for all owned, non-owned and hired automobiles used in connection with performing the contract. Policies covering motor vehicles operated in the United States shall provide coverage of at least \$1,000,000 Combined Single Limit for bodily injury and property damage.

c. Commercial General Liability

The Contractor, and their subcontractors, as applicable, shall provide commercial general liability for bodily injury and property damage liability insurance including contractual liability coverage written on the comprehensive form of policy of at least \$1,000,000 per occurrence, \$2,000,000 policy aggregate and \$2,000,000 Products/Completed Operations aggregate. Coverage shall not be excluded for claims caused by explosion, collapse and underground hazards; or products and completed operations. Limits must apply per project and per location.

d. Excess Liability

The Contractor, and their subcontractors, as applicable, shall provide umbrella and or excess liability to include bodily injury and property damage covering general liability, automobile liability, and employer's liability. For contracts valued at more than \$500,000, limits must be sufficient to bring all liability limits up to \$5,000,000, and for contracts valued at more than \$5,000,000, limits must be sufficient to bring all liability limits up to \$10,000,000 and be excess over all underlying insurance coverage listed.

e. Professional Liability Insurance

For projects involving Professional Services (Architects, Engineers, Consultants, etc.), the Contractor shall maintain professional liability coverage during the term of this agreement. The limits of this coverage shall be a minimum of \$2,000,000. This requirement shall extend to all professional subcontractors employed by the Contractor. The Contractor shall provide certification of such insurance and a copy of the policy upon request.

f. Applicable to All Insurance Policies

All insurance policies shall bear an appropriate endorsement whereby the insurance carrier:

1. Waives any right of subrogation acquired against Owner by reason of any payment under such policy;
2. The Owner is identified as additional insured on all policies associated with this Subcontract except for Workers' Compensation and professional liability; and,
3. Each policy shall further provide that the Owner receives 30 days prior notice before cancellation of such policy or reduction of coverage there under can be effective.

4. For all insurance policies, the Contractor shall, prior to the performance of this contract and the performance of an option period or 30 days prior to the expiration of insurance coverage, submit to the Owner either (a) a certified copy of the insurance policy actually procured and maintained, or (b) an insurance certificate issued by the insurance company verifying coverage in conformity with this contract.
 - g. Insurance Deductible. The Contractor shall be responsible for all deductibles or self-insured retentions associated with any accident, incident or damage. The Owner will not assume any liability including, but not limited to the insurance deductible.
 - h. No Limitation. The Owner's establishment of minimum insurance requirements is not a representation by the Owner that such limits are sufficient and does not limit the Contractor's liability under this Contract in any manner.
 - i. All insurance policies shall be underwritten by insurance companies with an A.M. Best Rating of at least "A- VIII".
 - j. Lower Tier Insurance. The Contractor shall require its subcontractors of every tier to maintain the same insurance coverages and requirements as described herein, unless otherwise agreed in writing between the parties.
 - k. Certificate(s) of Insurance. The Contractor shall furnish the Owner with a current certificate of insurance as evidence of the insurance required, within five (5) business days after execution of this contract. In addition, the Contractor shall furnish evidence of a commitment by the insurance carrier, in the form of an endorsement attached to the certificate, to notify the Owner in writing of any material change, expiration or cancellation of any of the insurance policies required by this contract at least thirty (30) calendar days before such change, expiration or cancellation becomes effective.

Lease of Premises

Lease of Premises – State of Nebraska or an Agency as Lessor

Lessee's Indemnities

Lessee's Indemnification of Lessor

Lessee shall indemnify, protect, defend and hold harmless the Lessor from and against all claims, actions, liabilities, damages (excluding special, consequential, punitive or similar type damages), costs, penalties, forfeitures, losses or expenses resulting from or relating to any injury to person or damage to or loss of property in, about or to the Premises except to the extent caused by the negligence of Lessor or Lessor's agents, contractors, servants, or employees.

Recovery by Lessee

The State of Nebraska, Lessor, is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this lease agreement, Lessee may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The Lessor retains all rights and immunities under the State Miscellaneous, Tort, and Contract Claim Acts, as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

Increased Insurance

For any purpose not contemplated by the lease agreement, Lessee will not do onto the Property or permit to be done on the Premises anything that will (a) increase the premium of any insurance policy Lessor carries covering the Premises or the Property; (b) cause a cancellation of or be in conflict with any such insurance policy; (c) result in any insurance company's refusal to issue or continue any such insurance in amounts satisfactory to Landlord; or (d) subject Lessor to any liability or responsibility for injury to any person or property by reason of Lessee's operations in the Premises or use of the Property.

Compliance with Hazardous Materials Laws

Lessee will not cause any Hazardous Material (other than small quantities of office cleaning or other office supplies as are customarily used by a Lessee in the ordinary course in a general office facility) to be brought upon, kept or used on the Property in a manner or for a purpose prohibited by or that could result in liability under any Hazardous Materials Law.

OR

Lessee, at its sole cost and expense, will comply with all Hazardous Materials Laws and prudent industry practice relating to the presence, treatment, storage, transportation, disposal, release or management of Hazardous Materials in, on, under or about the Property that Lessee brings upon, keeps or uses on the Property and will notify Lessor of any and all Hazardous Materials Lessee brings upon, keeps or uses on the Property (other than small quantities of office cleaning or other office supplies as are customarily used by a Lessee in the ordinary course in a general office facility).

Joint and Several Liability

All parties signing this Lease as Lessee and any Guarantor(s) of this Lease are jointly and severally liable for performing all of Lessee's obligations under this Lease.

Lessee's Responsibility for Cost and Insurance of Lessee's Changes & Alterations

Lessee will pay the cost and expense of all Alterations. No alterations shall be completed without prior written notice and approval from the Lessor. Prior to commencing the Alterations, Lessee shall cause its Contractor(s) to deliver the following to Lessor in form and amount reasonably satisfactory to Lessor: (a) builder's "all risk" insurance in an amount at least equal to the value of the Alteration; (b) evidence that the Contractor(s) has in force commercial general liability insurance insuring against construction related risks, in at least the form, amounts and coverages as Lessor shall direct; (c) evidence of workers' compensation, commercial auto liability, and such other policies of insurance in at least the forms, amounts and coverages as Lessor shall direct; and (d) copies of all applicable contracts and of all necessary permits and licenses. The insurance policies described in this Section must name Lessor and Property Manager as additional insureds.

Lessee's Hold Harmless Agreement

To the fullest extent allowable under the Laws, Lessee releases and will indemnify, protect, defend (with counsel reasonably acceptable to Lessor) and hold harmless the Lessor and the Property from and against any Claims in any manner relating to or arising out of any Alterations or any other work performed, materials furnished or obligations incurred by or for Lessee or any person or entity claiming by, through or under Lessee.

Waivers of Subrogation by Lessee

To the extent not expressly prohibited by the laws of Nebraska, Lessee, on behalf of Lessee and its insurers, waives, releases and discharges Lessor from all claims or demands whatsoever arising out of damage to or destruction of all or any part of the Property, or loss of use of all or any part of the Property, occasioned by fire or other casualty, regardless whether any such claim or demand results from the negligence or fault of Lessor, or otherwise, and Lessee will look only to Lessee's insurance coverage (regardless of whether Lessee maintains any such coverage) in the event of any such claim. Lessee's policy or policies of property insurance, if any, must permit waiver of subrogation as provided in this section.

Lessee's Liability Insurance

Commercial general liability insurance with respect to the Premises and Lessee's activities in the Premises and upon and about the Property, on an "occurrence" basis, with single limit coverage of \$5,000,000. Such insurance must include specific coverage provisions or endorsements a) for broad form contractual liability insurance insuring Lessee's obligations under this Lease; b) naming Lessor and Property Manager as additional insureds by an "Additional Insured – Managers or Lessors of Premises" endorsement (or equivalent coverage or endorsement); c) waiving the insurer's subrogation rights against all Lessor Parties; d) providing Lessor with at least thirty (30) days prior notice of modification, cancellation, non-renewal or expiration; e) expressly stating that Lessee's insurance will be provided on a primary and non-contributory basis; and f) providing that the insurer has a duty to defend all insureds under the policy (including additional insured), and that defense cost are paid in addition to and do not deplete the policy limits. If Lessee provides such liability insurance under a blanket policy, the insurance must be made specifically applicable to the Premises and the Leases on a "per location" basis.

Lease of Premises

Lease of Premises – State of Nebraska or an Agency as Lessee

Lessor's Indemnification of Lessee

Lessor shall indemnify, protect, defend and hold harmless the Lessee from and against all claims, actions, liabilities, damages (excluding special, consequential, punitive or similar type damages), costs, penalties, forfeitures, losses or expenses resulting from or relating to any injury to person or damage to or loss of property in, about or to the Premises except to the extent caused by the negligence of Lessee or Lessee's agents, contractors, servants, or employees.

Lessor's Liability Insurance

Commercial general liability insurance with respect to the Premises and Lessor's activities in the Premises and upon and about the Property, on an "occurrence" basis, with single limit coverage of \$5,000,000. Such insurance must include specific coverage provisions or endorsements a) for broad form contractual liability insurance insuring Lessor's obligations under this Lease; b) naming Lessee as additional insured by specific endorsement; c) waiving the insurer's subrogation rights against all Lessee Parties; d) providing Lessee with at least thirty (30) days prior notice of modification, cancellation, non-renewal or expiration; e) expressly stating that Lessor's insurance will be provided on a primary and non-contributory basis; and f) providing that the insurer has a duty to defend all insureds under the policy (including additional insured), and that defense cost are paid in additional to and do not deplete the policy limits. If Lessor provides such liability insurance under a blanket policy, the insurance must be made specifically applicable to the Premises and the Leases on a "per location" basis.

Commercial Property Insurance

Lessor shall obtain and maintain property insurance on the building and Lessor's improvements, including, without limitation, insurance covering foundation, grading, excavation and debris removal costs; business income and rent loss insurance; boiler and machinery insurance; ordinance or laws coverage; earthquake insurance; flood insurance; and such other coverages as are customary or necessary.

Recovery by the Lessor

The State of Nebraska, Lessee, is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this lease agreement, a claim may be filed with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The Lessee retains all rights and immunities under the State Miscellaneous, Tort, and Contract Claim Acts, as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

Increased Insurance

For any purpose not contemplated by the lease agreement, Lessee will not do onto the Property or permit to be done on the Premises anything that will (a) increase the premium of any insurance policy Lessor carries covering the Premises or the Property; (b) cause a cancellation of or be in conflict with any such insurance policy; (c) result in any insurance company's refusal to issue or continue any such insurance in amounts satisfactory to Lessor; or (d) subject Lessor to any liability or responsibility for injury to any person or property by reason of Lessee's operations in the Premises or use of the Property.

Compliance with Hazardous Materials Laws

Lessee will not cause any Hazardous Material (other than small quantities of office cleaning or other office supplies as are customarily used by a Lessee in the ordinary course in a general office facility) to be brought upon, kept or used on the Property in a manner or for a purpose prohibited by or that could result in liability under any Hazardous Materials Law.

OR

Lessee, at its sole cost and expense, will comply with all Hazardous Materials Laws and prudent industry practice relating to the presence, treatment, storage, transportation, disposal, release or management of Hazardous Materials in, on, under or about the Property that Lessee brings upon, keeps or uses on the Property and will notify Lessor of any and all Hazardous Materials Lessee brings upon, keeps or uses on the Property (other than small quantities of office cleaning or other office supplies as are customarily used by a Lessee in the ordinary course in a general office facility).

Joint and Several Liability

All parties signing this Lease as Lessee and any Guarantor(s) of this Lease are jointly and severally liable for performing all of Lessee's obligations under this Lease.

Lessee's Responsibility for Cost and Insurance of Lessee's Changes & Alterations

Lessee will pay the cost and expense of all Alterations. No alterations shall be completed without prior written notice and approval from the Lessor. Prior to commencing the Alterations, Lessee shall provide evidence that its Contractor(s) have appropriate insurance coverage in an amount reasonably satisfactory to Lessor, which may include, (a) builder's "all risk" insurance in an amount at least equal to the value of the Alteration; (b) evidence that the Contractor(s) has in force commercial general liability insurance insuring against construction related risks, in at least the form, amounts and coverages as Lessor shall direct; (c) evidence of workers' compensation, commercial auto liability, and such other policies of insurance in at least the forms, amounts and coverages as Lessor shall direct; and (d) copies of all applicable contracts and of all necessary permits and licenses.

Minimum Insurance Requirements

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Purchases and Incidental Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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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				BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION		
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
				REQUIRED FOR CONTRACTS OVER \$500,000		
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Grading, Paving, Excavating & Underground Work



CERTIFICATE OF LIABILITY INSURANCE

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Month/Date/Year

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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 AUTHORIZED REPRESENTATIVE

New Construction, Renovation and Remodeling



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

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COVERAGES

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
--	--

© ACORD CORPORATION

Building Repair & Maintenance Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Architect, Engineering & Construction Management Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES						
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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AGGREGATE \$2,000,000
E	<input type="checkbox"/>	PROFESSIONAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	RAISE LIMIT TO \$5M FOR CONTRACTS OVER \$500,000
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>					AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Rental/Leased Construction Equipment – with Operators



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Name of Insurance Company	Enter NAIC#																	
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> MOBILE EQUIPMENT COVERAGE GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
E	<input checked="" type="checkbox"/>	Auto and Mobile Equipment Physical Damage	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	COMPREHENSIVE PD \$REPL COST COLLISION \$REPL COST
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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© ACORD CORPORATION

Abatement, Remediation & HAZMAT Services; HAZwaste Disposal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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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INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Name of Insurance Company	Enter NAIC#																	
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INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
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INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> REMEDIATION <input checked="" type="checkbox"/> ALL DISPOSAL SITES	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$
MUST INCLUDE CPL EXCESS COVERAGE						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input type="checkbox"/>	ENVIRONMENTAL CONTRACTORS PROFESSIONAL LIABILITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$2,000,000
If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Lab Services, Groundwater Monitoring & Other Environmental Review



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	NAIC # Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/>	PROFESSIONAL LIABILITY <input type="checkbox"/> _____ <input type="checkbox"/> _____ If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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© ACORD CORPORATION

Residential Waste Management, Refuse Collection & Recycling Services (No Hazardous, Industrial, or Construction Waste)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">INSURERS AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td style="width: 50%;">INSURER A:</td> <td style="width: 30%;">Name of Insurance Company</td> <td style="width: 20%;">Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
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COVERAGES
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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT. ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> REMEDIATION <input checked="" type="checkbox"/> ALL DISPOSAL SITES	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
INCLUDING CPL COVERAGE						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER	CANCELLATION
The State of Nebraska	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

Grounds Maintenance, Landscaping & Snow Removal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
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COVERAGES

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BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> REMEDIATION <input checked="" type="checkbox"/> ALL DISPOSAL SITES	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
FOR CONTRACTS OVER \$5 MILLION: SUFFICIENT TO BRING ALL LIABILITY LIMITS UP TO \$10,000,000						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
	<input type="checkbox"/>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Pest Control, Weed, Debris, & Tree Control



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
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COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> APPLICATORS <input checked="" type="checkbox"/> ALL DISPOSAL SITES	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
FOR CONTRACTS OVER \$5 MILLION: SUFFICIENT TO BRING ALL LIABILITY LIMITS INCLUDING CPL UP TO \$5,000,000						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Janitorial and Custodial Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
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COVERAGES						
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A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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D	<input checked="" type="checkbox"/>	CONTRACTORS POLLUTION LIABILITY <input checked="" type="checkbox"/> APPLICATORS <input checked="" type="checkbox"/> ALL DISPOSAL SITES	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000
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FOR CONTRACTS OVER \$500,000; SUFFICIENT TO BRING ALL LIABILITY LIMITS INCLUDING CPL UP TO \$2,000,000						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
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© ACORD CORPORATION

On-Site Medical Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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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COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ABUSE & MOLESTATION INCLUDED <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCLUDING ALLIED HEALTH PROFESSIONS	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE Limits consistent with Nebraska Medical Malpractice Cap
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
E	<input checked="" type="checkbox"/>	Crime and Employee Dishonesty Including Third Party Fidelity	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCUR & AGG \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Mental Health Residential & Outpatient Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCL ALLIED HEALTH PROFESSIONS <input checked="" type="checkbox"/> INCL MENTAL HEALTH	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE AGGREGATE
If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.						
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input checked="" type="checkbox"/>	Crime and Employee Dishonesty Including Third Party Fidelity	Enter Policy #	Enter Effective Date	Enter Expiration Date	PER OCCUR & AGG \$1,000,000
REQUIRED FOR RESIDENTIAL SERVICES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska		CANCELLATION 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	
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Medical Assessment and Treatment for Offenders



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Name of Insurance Company	Enter NAIC#																	
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

COVERAGES
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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCL ALLIED HEALTH PROFESSIONS <input checked="" type="checkbox"/> INCL MENTAL HEALTH	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE AGGREGATE
If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.						
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER	CANCELLATION
The State of Nebraska	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

© ACORD CORPORATION

Lab & Medical Testing services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCL TESTING <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE AGGREGATE Limits consistent with Nebraska Medical Malpractice Cap
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Other Medical Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCL ALLIED HEALTH PROFESSIONS <input checked="" type="checkbox"/> INCL MENTAL HEALTH	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE AGGREGATE Limits consistent with Nebraska Medical Malpractice Cap
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

Medical Insurance / Benefits Providers & Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input type="checkbox"/>	MEDICAL PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> INCL MANAGED CARE LIABILITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE Limits consistent with Nebraska Medical Malpractice Cap AGGREGATE
If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.						
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input checked="" type="checkbox"/>	CYBER LIABILITY denial of services; Breach of Privacy remediation; fines and penalties Security Breach	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH CLAIM & AGG \$10,000,000
The State of Nebraska must be included as an additional insured and loss payee As Their Interest May Appear (ATIMA)						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION

State Parks Recreational Programs, Services, & Camps



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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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A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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State Parks High Risk Construction/Operations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.												
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E: Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Name of Insurance Company	Enter NAIC#	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#
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	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

State Parks Restaurant Operations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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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A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> FOOD SERVICE LIABILITY _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 _____ \$
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	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 _____ \$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>	All Food Service Employees Must be Vaccinated for Hepatitis A and B				

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© ACORD CORPORATION

Police, Fire & Emergency Live Fire Training, Field Training & Similar Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES
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NSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT. ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
FOR CONTRACTS OVER \$500,000, SUFFICIENT TO BRING ALL LIABILITY LIMITS TO \$1,000,000						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Police, Fire & Emergency Equipment Purchase & Maintenance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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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COVERAGES

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BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
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	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Police, Fire & Emergency Weapons, Ammunition & Explosives



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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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COVERAGES

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BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
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	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

IT, Computer & Software Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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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COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	CYBER LIABILITY denial of services; Breach of Privacy remediation; fines and penalties Security Breach; virus; unauthorized access Loss of use & resulting business interrupt Intellectual property infringement	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH CLAIM & AGGREGATE \$10,000,000
The State of Nebraska must be included as an additional insured and loss payee ATIMA						
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E		IT PROFESSIONAL LIABILITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCUR & AGG \$3,000,000
F	<input checked="" type="checkbox"/>	CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY				EACH OCCUR & AGG \$3,000,000
If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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© ACORD CORPORATION

Credit Cards Processing Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

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B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E		IT PROFESSIONAL LIABILITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCUR & AGG \$5,000,000
F	<input checked="" type="checkbox"/>	CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCUR & AGG \$5,000,000
If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.						

DESCRIPTION OF OPERATIONS / LOCAL

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.
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).

/ SPECIAL PROVISIONS

CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

Finance, Banking, Billing & Audit Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES						
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D		PROFESSIONAL LIABILITY If claims-made coverage, Seller must agree to maintain coverage for 5 years after the completion of the contract or project, or obtain an extended reporting period of at least 5 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
FOR CONTRACTS OVER \$5,000,000, SUFFICIENT TO BRING ALL LIABILITY LIMITS TO \$10,000,000						
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input checked="" type="checkbox"/>	CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Miscellaneous Professional Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurence Agent/Broker Name Insurence Agent/Broker Street Address or P.O. Box Insurence Agent/Broker City, State & Zip Code Contact & Phone Number	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.															
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	INSURERS AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER A:</th> <th>Name of Insurance Company</th> <th>Enter NAIC#</th> </tr> <tr> <th>INSURER B:</th> <th>Name of Insurance Company (if applicable)</th> <th>Enter NAIC#</th> </tr> <tr> <th>INSURER C:</th> <th>Name of Insurance Company (if applicable)</th> <th>Enter NAIC#</th> </tr> <tr> <th>INSURER D:</th> <th>Name of Insurance Company (if applicable)</th> <th>Enter NAIC#</th> </tr> <tr> <th>INSURER E:</th> <th>Name of Insurance Company (if applicable)</th> <th>Enter NAIC#</th> </tr> </table>	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER A:	Name of Insurance Company	Enter NAIC#														
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#														
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#														
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#														
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#														

**THE NAME OF THE INSURED
MUST MATCH THE NAME ON THE
CONTRACT**

**BE SURE THE DATES ARE CURRENT,
ASK FOR REPLACEMENT
CERTIFICATES BEFORE EXPIRATION**

**EITHER "COMBINED SINGLE LIMIT" MUST
BE \$1,000,000 -OR- BODILY INJURY (Per
Person), BODILY INJURY (Per accident) OR
PROPERTY DAMAGE MUST ALL BE \$1,000,000**

**If claims-made coverage, Seller must agree to maintain coverage for 3 years after the
completion of the contract or project, or obtain an extended reporting period of at least 3 years.**

**FOR CONTRACTS OVER \$500,000: SUFFICIENT TO
BRING ALL LIABILITY LIMITS UP TO \$5,000,000**

**THE "STATUTORY" BOX MUST BE
CHECKED IN ADDITION TO HAVING LIMITS
IN THE EMPLOYER'S LIABILITY LINES**

COVERAGES						
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D		PROFESSIONAL LIABILITY If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER	CANCELLATION
The State of Nebraska	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

Training & Education – Classroom



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$500,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$
				BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION		
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$ BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$300,000 PROPERTY DAMAGE (Per accident) \$100,000
				EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000		
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
				FOR CONTRACTS OVER \$100,000 OR THE USE OF STATE FACILITIES - SUFFICIENT TO BRING ALL LIABILITY LIMITS TO \$2,000,000		
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
				THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(jes) 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).

CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

© ACORD CORPORATION

Training & Education – Field



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input type="checkbox"/>	PROFESSIONAL LIABILITY <input type="checkbox"/> _____ If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
FOR CONTRACTS OVER \$500,000, SUFFICIENT TO BRING ALL LIABILITY LIMITS TO \$5,000,000						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Temporary Staffing, Background Checks & Other Employment Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES
 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/>	PROFESSIONAL LIABILITY <input type="checkbox"/> _____ If claims-made coverage, Seller must agree to maintain coverage for 3 years after the completion of the contract or project, or obtain an extended reporting period of at least 3 years.	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
E	<input checked="" type="checkbox"/>	COMMERCIAL CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess. The state of Nebraska is endorsed as an Alternate Employer under the Workers Compensation and Employer's Liability policy.

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).

CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Leases – Nebraska as Lessor/Landlord – Tenant’s Insurance Requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1"> <tr> <td colspan="2">INSURERS AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Name of Insurance Company	Enter NAIC#																	
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

THE NAME OF THE INSURED MUST MATCH THE NAME OF THE LESSEE/TENANT

COVERAGES
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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
				BE SURE THE DATES ARE CURRENT. ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION		
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
				EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000		
D	<input checked="" type="checkbox"/>	PROPERTY INSURANCE <input checked="" type="checkbox"/> ALL RISKS OF PHYSICAL DAMAGE <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$100% OF TENANT IMPROVEMENTS & CONTENTS
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
				MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS		
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
				THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER	CANCELLATION
The State of Nebraska	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

© ACORD CORPORATION

Leases – Nebraska as Lessee/Tenant – Landlord’s Insurance Requirements



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME OF THE LANDLORD/LESSOR		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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.

NSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT. ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input type="checkbox"/>	PROPERTY INSURANCE <input checked="" type="checkbox"/> All Risks of Physical Damage, including Mechanical Breakdown <input checked="" type="checkbox"/> Lost rents	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE 100% OF REPLACEMENT COST
B	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	\$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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).

CERTIFICATE HOLDER	CANCELLATION
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The State of Nebraska	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
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State Road Right-Of-Way – Cable, Telephone, Etc. Operators



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	PROPERTY INSURANCE <input checked="" type="checkbox"/> ALL RISKS OF PHYSICAL DAMAGE <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE 100% OF USER'S EQUIPMENT AND IMPROVEMENTS
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
	<input type="checkbox"/>					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

© ACORD CORPORATION

Handicap Accessible & Special Needs Transportation Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ABUSE, MOLESTATION AND DISCRIMINATION INCLUDED <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$24,000,000 AGGREGATE \$24,000,000 \$ \$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	<input checked="" type="checkbox"/>	CRIME & EMPLOYEE DISHONESTY AND THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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).

CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

General Transportation-For-Hire Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	<input checked="" type="checkbox"/>	CRIME & EMPLOYEE DISHONESTY AND THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

© ACORD CORPORATION

Vehicle & Equipment Repair, Maintenance and Fueling Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES
 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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	GARAGE/GARAGEKEEPER'S LIABILITY <input checked="" type="checkbox"/> INCLUDING GARAGES ENDORSEMENT (CA 25 14)	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH ACCIDENT \$1,000,000 AGGREGATE \$2,000,000 DIRECT PRIMARY COVER INCL. COMPREHENSIVE & COLLISION SUFFICIENT TO COVER ALL VEHICLES IN THE INSURED'S CARE OR CUSTODY
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
FOR CONTRACTS OVER \$500,000; SUFFICIENT TO BRING ALL LIABILITY LIMITS UP TO \$10,000,000						
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input checked="" type="checkbox"/>	CONTRACTOR'S POLLUTION LIABILITY <input checked="" type="checkbox"/> INCL. NON-OWNED DISPOSAL SITES	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Car Wash and Vehicle Cleaning Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
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INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

COVERAGES
 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	GARAGE/GARAGEKEEPER'S LIABILITY <input checked="" type="checkbox"/> INCLUDING GARAGES ENDORSEMENT (CA 25 14)	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH ACCIDENT \$1,000,000 AGGREGATE \$2,000,000 DIRECT PRIMARY COVER INCL. COMPREHENSIVE & COLLISION SUFFICIENT TO COVER ALL VEHICLES IN THE INSURED'S CARE OR CUSTODY
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
FOR CONTRACTS OVER \$500,000; SUFFICIENT TO BRING ALL LIABILITY LIMITS UP TO \$10,000,000						
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						
E	<input checked="" type="checkbox"/>	CONTRACTOR'S POLLUTION LIABILITY <input checked="" type="checkbox"/> INCL. NON-OWNED DISPOSAL SITES	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 A waiver of subrogation in favor of the State of Nebraska and the Contracting Agency is applicable to all policies including Workers' Compensation and Employer's liability. The State of Nebraska, the Contracting Agency and their officers, directors, agents and employees are included as additional insureds on the general liability policy with a cross liability clause in effect on their behalf. This Coverage is primary to all other coverages the State of Nebraska may possess.

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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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© ACORD CORPORATION

Auto and Mobile Equipment Rental w/o Operators ("Dry Lease")



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	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.																		
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	<table border="1" style="width: 100%;"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC#</td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURERS AFFORDING COVERAGE		NAIC #																	
INSURER A:	Name of Insurance Company	Enter NAIC#																	
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#																	
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#																	

THE NAME OF THE INSURED
 MUST MATCH THE NAME ON THE
 CONTRACT

COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
FOR CONTRACTS OVER \$500,000; SUFFICIENT TO BRING ALL LIABILITY LIMITS UP TO \$5,000,000						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
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CERTIFICATE HOLDER The State of Nebraska	CANCELLATION 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
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Meals-on-Wheels and Other Non-Medical Residential Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
		INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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 TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
				BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION		
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
				EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000		
	<input type="checkbox"/>		Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$ AGGREGATE \$ \$ \$
				FOR CONTRACTS OVER \$500,000; SUFFICIENT TO BRING ALL LIABILITY LIMITS UP TO \$2,000,000		
C	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
				THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES		
D	<input checked="" type="checkbox"/>	CRIME & EMPLOYEE DISHONESTY AND THIRD PARTY FIDELITY	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE & AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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CERTIFICATE HOLDER

The State of Nebraska

CANCELLATION

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

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Aircraft Use: Spraying; Mapping; Economic Development Flights; Etc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number		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.	
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		INSURERS AFFORDING COVERAGE	
THE NAME OF THE INSURED MUST MATCH THE NAME ON THE CONTRACT		INSURER A: Name of Insurance Company	Enter NAIC#
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		INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
		INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
BE SURE THE DATES ARE CURRENT; ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION						
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
EITHER "COMBINED SINGLE LIMIT" MUST BE \$1,000,000 -OR- BODILY INJURY (Per Person), BODILY INJURY (Per accident) OR PROPERTY DAMAGE MUST ALL BE \$1,000,000						
D	<input checked="" type="checkbox"/>	AVIATION LIABILITY <input checked="" type="checkbox"/> OWNED & LEASED AIRCRAFT <input checked="" type="checkbox"/> NON-OWNED AIRCRAFT	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH ACCIDENT \$25,000,000 EACH PERSON/PASSENGER \$3,000,000 PROPERTY DAMAGE \$3,000,000
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
MAY BE TOTALED WITH OTHER LIABILITY COVERAGES TO ACHIEVE REQUIRED LIMITS						
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N SPECIAL PROVISIONS below <input type="checkbox"/>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
THE "STATUTORY" BOX MUST BE CHECKED IN ADDITION TO HAVING LIMITS IN THE EMPLOYER'S LIABILITY LINES						

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Glossary of Key Insurance Terms

Additional Insured: A person or organization not automatically included as an insured under an insurance policy of another but for whom the named insured desires or is required to provide a certain degree of protection under its insurance policy. Additional insured status is commonly used in conjunction with an indemnity agreement between the named insured (the *Indemnitor*) and the party requesting additional insured status (the *Indemnitee*).

Builder's Risk Insurance: A property insurance policy that is designed to cover property in the course of construction. Coverage is usually written on an all-risks basis and typically applies not only to property at the construction site, but also to property at off-site storage locations and in transit.

Claim: A demand made by the insured, or the insured's beneficiary, to recover, under a policy of insurance, for a loss that may be covered by the policy.

Claims-Made Coverage: A policy providing coverage that is only triggered when a claim is made against the insured *after the retroactive date* and reported to the insurer *during the policy period*. For example, assume that a policy containing a claims-made coverage trigger is written with a term of January 1, 2014-2015 and a retroactive date of January 1, 2012. Coverage will only apply to claims for events taking place after January 1, 2012 and made against the insured between January 1, 2014 and January 1, 2015. This contrasts with “**occurrence**” policies, where a claim for damages that occurred during the policy period may be filed at any time.

Commercial Crime Insurance: A crime insurance policy that is designed to meet the needs of organizations other than financial institutions (such as banks). A commercial crime policy typically provides several different types of crime coverage, including: employee dishonesty coverage, forgery or alteration coverage, computer fraud coverage, funds transfer fraud coverage, money and securities coverage, and money orders and counterfeit money coverage.

Completed Operations: Under a general liability policy, completed operations means work that has been completed as called for in a contract; or work completed at a single job site under a contract involving multiple job sites; or work that has been put to its intended use. This coverage encompasses liability arising out of the named insured's products or business operations after the named insured has completed work.

Contractor's Pollution Liability: A special policy written to prevent gaps in coverage due to pollution-related exclusions in standard commercial general liability programs. These policies are available on a practice, project or excess basis, and include:

- Broad definition of pollution conditions, and should include fungi for clients who face mold liability
- Property damage definition includes Natural Resource Damage
- Built-in coverage for Transportation and Emergency Response Costs
- Optional coverages include blanket non-owned disposal site coverage and project excess requirements

Deductible: When an insurance policy includes a deductible, the insurer is legally obligated to pay the entire amount of an insured claim, but is entitled to recover the deductible amount from the insured. This is in contrast to a self-insured retention, where the insurer is only obligated to pay the amount of an insured claim that is in excess of the insured's retention.

Excess/Umbrella Liability Insurance: A policy covering the insured against certain hazards and applying only to loss or damage in excess of a stated amount or specified primary or self-insurance. It is generally written over various primary liability policies, such as the Business Auto policy (BAP), Commercial General Liability (CGL) policy and Employers' Liability coverage. An Excess/Umbrella policy serves three purposes: it provides excess limits when the limits of underlying liability policies are exhausted by the payment of claims; it drops down and picks up where the underlying policy leaves off when the aggregate limit of an underlying policy is exhausted by the payment of claims; and it provides protection against some claims not covered by the underlying policies, subject to the assumption by the named insured of a self-insured retention (SIR).

Extended Reporting Period: A designated time period after a claims-made policy has expired during which a claim may be reported to the insurer and coverage triggered as if the claim had been reported during the policy period.

Fire Legal Liability Coverage – also termed “Damage to Premises Rented to You”: Coverage of a tenant's liability for damage by fire to rented premises (including garages) the tenant occupies. Such coverage is usually provided as an exception to policy exclusions applicable to property in the insured's care, custody, or control (CCC). Under the standard Commercial General Liability (CGL) policy, fire legal liability of the named insured is covered subject to the "damage to premises rented to you" limit. Coverage is generally limited to covering damage to premises rented for seven or fewer days.

Indemnity: An Indemnity creates a legal obligation for a contractor or vendor (the *Indemnitor*) to accept liability created by their product, work or negligence, and “indemnify”, or hold the State of Nebraska (the *Indemnitee*) harmless against claims or lawsuits that are caused by or arise out of the work performed.

Named Insured: Any person, firm, or organization (or any of its members specifically designated by name as an insured(s) in an insurance policy), as distinguished from others that, although specifically named, fall within the policy definition of an "insured".

Natural Resource Damage: The dollar value of the appropriate degree of restoration necessary to assess, restore, rehabilitate, replace or otherwise compensate for the injury to natural resources as a result of pollution or environmental damage.

Occurrence: In a commercial general liability (CGL) coverage form, a claim or series of claims that is caused by an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

Occurrence Coverage: An insurance policy covering claims that arise out of damage or injury that take place during the policy period, regardless of when claims are reported to the insurer – even if many years later.

Ongoing Operations: Work or other business activity that has not been completed or abandoned. Standard additional insured status under a general liability policy applies only with respect to liability in connection with the named insured's "ongoing operations," preventing coverage from extending to the additional insured's liability for the named insured's completed operations unless specifically endorsed.

Primary and Non-Contributory: This term is commonly used in contract insurance requirements to stipulate the order in which multiple policies triggered by the same loss are to respond. For example, a contractor may be required to provide liability insurance that is primary and non-contributory. This means

that the contractor's policy must pay before other applicable policies (**primary**) and without seeking contribution from other policies that also claim to be primary (**non-contributory**).

Products Coverage: Covers claims related to the manufacture or sale of products, food, medicines or other goods to the public. It covers the manufacturer's or seller's liability for losses or injuries to a buyer, user or bystander caused by a defect or malfunction of the product, and, in some instances, a defective design or a failure to warn.

Professional Liability: A type of insurance designed to protect traditional professionals – such as accountants, attorneys, architects and engineers – against liability incurred as a result of errors and omissions made while performing their professional services. Most professional liability policies only cover economic or financial losses suffered by third parties; a few policies, such as Medical Professional Liability policies, also cover bodily injury (BI) claims. The vast majority of professional liability policies are written as claims-made. Professional liability policies usually contain what are known as "shrinking limits," meaning that the insurer's payment of defense costs reduces available policy limits.

Self-Insured Retention: When an insured takes a self-insured retention instead of a deductible, the insured is legally required to pay a claim up to its self-insured retention limit before the insurer is obligated to provide any coverage.

Subrogation: The assignment to an insurer by terms of the policy or by law, after payment of a loss, of the rights of the insured to recover the amount of the loss from the party legally liable for it.

Third-Party-Over Action: A type of General Liability claim in which an injured employee, after collecting workers' compensation benefits from the employer, sues a third party – usually the property owner – for contributing to the employee's injury and, because of a contractual requirement between the third party and the employer, the liability is passed back to the employer to defend and indemnify the third party.

Waiver of Subrogation: An agreement in which an insurer agrees to waive its subrogation rights (i.e., rights of the insurer to recover the amount of a loss from the legally liable party) against the liable party in the event of a loss. The intent of the waiver is to prevent one party's insurer from pursuing subrogation against the other party.

Wrongful Act: An event triggering coverage under many professional liability policies. Typically, a "wrongful act" is defined as an act, error, or omission that takes place within the course of performing professional services.

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