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.
- 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

A	Ć	CERTIFIC	ATE O	F LI	ABI	LIT	Y INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	ox				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.						
					INSURERS	AFFORDING CO	VERAGE	NAIC#					
INSU	IRED		Name of Insura	ance Company	Enter NAIC#								
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		Street Address or P.O. Box	CONTRACT				INSURER C:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
ve	ndor	City, State & Zip Code					INSURER D:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
							INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
T IN C E	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	ŀ	DATE (EFFECTIVE MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
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71		COMMERICAL GENERAL LIABILITY				Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
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С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy	#		Enter	Effective	Enter Expiration	WC STATU- OTH-				
		ANY PROPRIETOR/PARTNER/EXECU-	•			Date		Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N						BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below			IN	THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
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		ditions of the policy, certain policies in endorsement(s).	nay require a	an endol	sernen	ıı. A Si	aternent on	uns ceruncate does	s not conier rights to the ce	runcate noider in lieu			
CE	RTIF	ICATE HOLDER					CANCELL						
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									D BEFORE				

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 alternations 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 additional 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 alternations 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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	Architect, Engineering & Construction Management Services	35					
	Rental/Leased Equipment – with Operators	36					
	Abatement, Remediation & HAZMAT, and HAZwaste Disposal	37					
ENVIRONMENTAL SERVICES	Lab Services, Groundwater Monitoring & Other Environmental Review Services	38					
	Residential Waste Management, Refuse Collection & Recycling Services (No Hazardous, Industrial, or Construction Waste)						
	Grounds Maintenance, Landscaping & Snow Removal						
FACILITY SERVICES	Pest Control, Weed, Debris, & Tree Control	41					
	Janitorial and Custodial Services	42					
	On-Site Medical Services						
	Mental Health Residential & Outpatient Services	44					
MEDICAL SERVICES	Medical Assessment and Treatment for Offenders	45					
WEDICAL SERVICES	Lab & Medical Testing Services	46					
	Other Medical Services	47					
	Medical Insurance / Benefits Providers & Services	48					
	State Parks Recreational Programs, Services, & Camps	49					
PARKS & RECREATION	State Parks High Risk Activities – Construction / Operation	50					
	State Parks Restaurant Operations	51					
	Police, Fire & Emergency Live Fire Training, Field Training & Similar Services						
POLICE, FIRE & OTHER EMERGENCY DEPARTMENTS	Police, Fire & Emergency Equipment Purchase & Maintenance	53					
	Police, Fire & Emergency Weapons, Ammunition & Explosives	54					

CATEGORY	SUBCATEGORY	PAGE				
	IT, Computer & Software Services	55				
	Credit Cards Processing Services	56				
	Finance, Banking, Billing & Audit Services					
PROFESSIONAL &	Miscellaneous Professional Services	58				
CONSULTING SERVICES	Training & Education – Classroom	59				
	Training & Education – Field	60				
	Temporary Staffing, Background Checks & Employment Services	61				
	Leases – Nebraska or an Agency as Lessor	62				
LEASES & RIGHTS OF WAY	Leases - Nebraska or an Agency as Lessee					
	State Road Right-of-Way – Cable, Telephone, Etc. Operators	64				
TRANSPORTATION FOR HIRE	Handicap Accessible & Special Needs Transportation Services					
ПКС	General Transportation-For-Hire Services	66				
	Vehicle & Equipment Repair, Maintenance and Fueling Services	67				
VEHICLE & EQUIPMENT LEASES & SERVICES	Car Wash and Vehicle Cleaning Services	68				
	Auto and Mobile Equipment Rental w/o Operators ("Dry Lease")					
RESIDENTIAL SERVICES	Meals-on-Wheels and Other Non-Medical Residential Services	70				
AVIATION SERVICES	Aircraft Use: Spraying; Mapping; Economic Development Flights; Outside Parties Using Aircraft	71				

Purchases and Incidental Services

_	Ć	ORD SEPTIFIC	ATE OF I	140		FV 1N10	LIDANOE	ſ	D	ATE (MM/DD/YYYY)	
		ORD CERTIFIC	AIEOFL	TIAB	ILI				N	Ionth/Date/Year	
Ins Ins Ins	urnce urnce	R Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & 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.					
							AFFORDING CO			NAIC #	
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		Name MUST M	NAME OF THE INSUR IATCH THE NAME OF			INSURER B:		ance Company (if applicable)	_	Enter NAIC#	
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:		ance Company (if applicable)	_	Enter NAIC#	
		eny, same ee Exp code				INSURER D:		ance Company (if applicable)	_	Enter NAIC#	
C0	VED	AGES				INSURER E:	Name of Insura	ance Company (if applicable)		Enter NAIC#	
T II C	HIS IS NDICA ERTI XCLL	S TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH P	JIREMENT, TERM OF TAIN, THE INSURAN	R CONDIT	TION O ORDED Y HAVI	F ANY CONTI BY THE POL E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H JCED BY PAID CLAIM	OCUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL.	O WH	IICH THIS	
INSR LTR	ADD'L	TYPE OF INSURANCE	POLICY NUMBI	ER		Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	гs		
Α		GENERAL LIABILITY	Enter Policy #			Effective	Enter Expiration	EACH OCCURENCE	\$1,	,000,000	
Α	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Foncy #		Date	Lifective	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$10	00,000	
		CLAIMS MADE OCCUR			DE C	LIDE THE DAT	'ES ARE CURRENT;	MED EXP (Any one person)	\$10	0,000	
		님				ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000		
		<u> </u>			CERT	TIFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,	,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,	,000,000	
		POLICY PROJECT LOC							\$		
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		Enter	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	ach Accident) \$1		
		ALL OWNED AUTOS		EITH		MBINED SINC	GLE LIMIT" MUST	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS HIRED AUTOS		on), BO	DILY INJURY	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
		NON-OWNED AUTOS		PROPE	KIY DA	AMAGE MUST	ALL BE \$1,000,000	(Per accident)	\$		
			Enter Policy # (if			r Effective	Enter Expiration				
			required)		Date		Date				
Б		EXCESS/UMBRELLA LIABILITY	F=t== D=1:===# (:f		Enter	Effective	Entre Englishting	EAGU GOOLIDDENGE	-1	000 000	
В	\boxtimes	OCCUR CLAIMS MADE	Enter Policy # (if required)		Date	Effective	Enter Expiration Date	AGGREGATE		,000,000	
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		RETENTION \$Enter Amount	KEQUI	IKLD I O	K COI	TRACISOV	LK \$500,000		\$		
		WORKERS COMPENSATION AND	F . B !! #			Tice :	D. D. L.	WC STATU- OTH-	9		
C		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy #		Enter	Effective	Enter Expiration Date	WC STATU- TORY LIMITS CHAPTER E.L. EACH ACCIDENT	051	20,000	
		TIVE OFFICER/MEMBER EXCLUDED?			THE "S		BOX MUST BE	E.L. DISEASE - EA EMPLOYEE	+ -	00,000	
		If yes, describe under Y/N SPECIAL PROVISIONS below					TO HAVING LIMITS JABILITY LINES	E.L. DISEASE - POLICY LIMIT	+-	00,000	
		of Edine Providence Below			THE	EO TERO E	I DILLI I DI LEG	E.L. DISEASE - POLICY LIMIT	\$30	00,000	
A w liab with	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										
of s	uch e	ditions of the policy, certain policies endorsement(s).	may require an end	uorseme	nt. A S			s not confer rights to the ce	erutic	ate noider in lieu	
CE	KIIF	ICATE HOLDER				SHOULD AN		CRIBED POLICIES RE CANCELL	ED RE	FORF	
Th	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

Grading, Paving, Excavating & Underground Work

A	ACORD CERTIFICATE OF LIABILITY INSURANCE												
	DUCE	R Agent/Broker Name					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS						
Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number					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								
									ODUCER, AND THE CERT	NAIC #			
INSU	JRED						INSURER A:	Name of Insura		Enter NAIC#			
Ve	endor l	Nama		ME OF THE INSU			INSURER B:		ance Company (if applicable)				
		Street Address or P.O. Box		CH THE NAME OF CONTRACT	N THE		INSURER C:		ance Company (if applicable)				
Ve	endor (City, State & Zip Code					INSURER D:		ance Company (if applicable)	Enter NAIC#			
							INSURER E:		ance Company (if applicable)	Enter NAIC#			
	COVERAGES												
II C E	NDICA ERTIF XCLU	TO CERTIFY THAT THE POLICE TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SU	REQUIRE Y PERTA	EMENT, TERM OI IN, THE INSURAN	R CONDIT	TION O ORDED Y HAVI	F ANY CONTR BY THE POLI E BEEN REDU	RACT OR OTHER DO CIES DESCRIBED H ICED BY PAID CLAIM	OCUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL	O WHICH THIS			
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE		POLICY NUMB	ER	POLICY DATE	FFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs			
A	\boxtimes	GENERAL LIABILITY	F	Enter Policy #		Enter	Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000			
А		COMMERICAL GENERAL LIABIL	LITY			Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000			
		CLAIMS MADE OCCU	JR			BE S	IRE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
		XCU COVERAGE					ASK FOR REI	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES	DED.			CERT	TFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LO							PRODUCTS - COMP/OP AGG	\$2,000,000			
		M FOLICY M FROJECT M LO								\$			
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	F	Enter Policy #	Enter Date		Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS							BODILY INJURY (Per person)	\$			
	SCHEDULED AUTOS HIRED AUTOS			BE \$1,000,			00 -OR- BODII	LE LIMIT" MUST LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS						ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D	\boxtimes	CONTRACTOR'S POLLUTION LIABI	ILITY E	Enter Policy # (if		Enter	Effective	Enter Expiration	EACH OCCURENCE	\$\$1,000,000			
_		ENVIRONMENTAL DAMAGE	re	equired)		Date	Litective	Date	AGG	\$\$2,000,000			
		NON-OWNED DISPOSALSITES								\$			
В	Ш	OCCUR CLAIMS MADE		Enter Policy # (if equired)		Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE	\$4,000,000			
		DEDUCTIBLE	1		AY BE TO		WITH OTHER		AGGREGATE	\$4,000,000			
		RETENTION \$Enter Amount	<u>t</u>	CC	OVERAGE	S TO A	CHIEVE REQU	IRED LIMITS		\$			
				KAISE	LIMITS I	O \$10M	FOR CONTRA	ACTS OVER \$10M		\$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	F	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER				
		ANY PROPRIETOR/PARTNER/EXEC TIVE OFFICER/MEMBER EXCLUDED	DU-			Date	TATUTODV"	Date BOX MUST BE	E.L. EACH ACCIDENT	\$500,000			
			/ N		CHE	CKED I	N ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below		IN TH			MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
Е		PROFESSIONAL LIABILITY	E	Enter Policy #		Enter	Effective	Enter Expiration	EACH CLAIM	\$1,000,000			
		If claims-made covera	age, Seller	r must agree to ma	aintain cov	erage f	or 3 years afte	r the	AGGREGATE	\$1,000,000			
		completion of the cont	tract or pr	oject, or obtain an	extended	reporti	ng period of at	least 3 years.					
A w liab	vaiver ility.	PTION OF OPERATIONS / Lo of subrogation in favor of the Sta The State of Nebraska, the Contra ss liability clause in effect on the	ate of Neb acting Ag	braska and the Co ency and their of	ntracting ficers, dire	Agency ectors,	is applicable agents and em	to all policies included ployees are included	ling Workers' Compensation as additional insureds on the	and Employer's			
and	cond	ANT: If the certificate holder is litions of the policy, certain poendorsement(s).											
		ICATE HOLDER					CANCELL	ATION					
Th	e Sta	te of Nebraska							CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN				
							ACCORDANG	CE WITH THE POLICY F					
							AUTHORIZED F	REPRESENTATIVE					

New Construction, Renovation and Remodeling

ACORD CERTIFIC	DATE (MM/DD/YYYY) Month/Date/Year						
Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. B Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	ox		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONI AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER				
INSURED			INSURER A:	Name of Insura		NAIC # Enter NAIC#	
	IAME OF THE INSURE		INSURER B:		ance Company (if applicable)	Enter NAIC#	
Vendor Street Address or P.O. Box	ATCH THE NAME ON CONTRACT	THE	INSURER C:		ance Company (if applicable)	Enter NAIC#	
Vendor City, State & Zip Code			INSURER D:		ance Company (if applicable)	Enter NAIC#	
			INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#	
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUING CERTIFICATE MAY BE ISSUED OR MAY PERECLUSIONS AND CONDITIONS OF SUCH POLICIES ADDILITY.	IREMENT, TERM OR TAIN, THE INSURANC DLICIES. LIMITS SHO	CONDITION O CE AFFORDED WN MAY HAVE	F ANY CONTI BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	OCUMENT WITH RESPECT TO BEREIN IS SUBJECT TO ALL 1 MS.	O WHICH THIS THE TERMS,	
LTR INSRD TYPE OF INSURANCE	POLICY NUMBER		(MM/DD/YY)	DATE (MM/DD/YY)	LIMIT		
A GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000	
CLAIMS MADE OCCUR		BE S	URE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000	
XCU COVERAGE			ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		CERT	IFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000	
POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
						\$	
A A MY AUTO	Enter Policy #	Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000	
ALL OWNED AUTOS	Г	FITHER "CO	MRINED SINC	LE LIMIT" MUST	BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS HIRED AUTOS		BE \$1,000,0 Person), BOI	00 -OR- BODI OILY INJURY	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$	
NON-OWNED AUTOS		PROPERTY DA	AMAGE MUST ALL BE \$1,000,000		PROPERTY DAMAGE (Per accident)	\$	
D CONTRACTOR'S POLLUTION LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURENCE	\$\$1,000,000	
ENVIRONMENTAL DAMAGE NON-OWNED DISPOSALSITES	required)	Date		Date	AGGREGATE	\$2,000,000	
B EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000	
OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000	
DEDUCTIBLE RETENTION \$Enter Amount		Y BE TOTALE VERAGES TO A				\$	
RETENTION SERIES AMOUNT				ACTS OVER \$10M		\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	WC STATU- OTH- TORY LIMITS ER	700.000	
ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?		THE "S		BOX MUST BE	E.L. EACH ACCIDENT	\$500,000	
If yes, describe under Y/N SPECIAL PROVISIONS below				O HAVING LIMITS IABILITY LINES	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000	
				LIBIEIT I ELIVED		\$500,000	
E PROFESSIONAL LIABILITY	Enter Policy #		Effective	Enter Expiration	EACH CLAIM AGGREGATE	\$1,000,000	
If claims-made coverage, Sel completion of the contract or					AGGREGATE	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCAT A waiver of subrogation in favor of the State of N liability. The State of Nebraska, the Contracting a with a cross liability clause in effect on their beha	IONS / VEHICLES / Jebraska and the Cont Agency and their offic	EXCLUSION racting Agency ers, directors,	NS ADDED E y is applicable agents and em	BY ENDORSEMEN to all policies include ployees are included	ling Workers' Compensation as additional insureds on the	and Employer's	
IMPORTANT: If the certificate holder is an Al and conditions of the policy, certain policies referred produces and conditions of the policy, certain policies in the policy of the polic							
of such endorsement(s). CERTIFICATE HOLDER			CANCELL	ATION			
The State of Nebraska			SHOULD AN	Y OF THE ABOVE DESC	CRIBED POLICIES BE CANCELLE	D BEFORE	
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							

Building Repair & Maintenance Services

A	Ć	ORD"	CERTIFIC	ATE	OF L	.IAB	ILITY INS	URANCE	[ATE (MM/DD/YYYY) Month/Date/Year	
Ins Ins Ins	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.				
INSU	JRED						INSURER A:	S AFFORDING CO Name of Insura			NAIC # Enter NAIC#	
37-		Name			THE INSUR		INSURER B:		ance Company (if applicable)		Enter NAIC#	
		Street Address	or P.O. Box	ATCH THI CONTR	E NAME ON ACT	N THE	INSURER C:		ance Company (if applicable)		Enter NAIC#	
Ve	ndor	City, State & Z	ip Code				INSURER D:	Name of Insura	ance Company (if applicable)		Enter NAIC#	
							INSURER E:	Name of Insura	ance Company (if applicable)		Enter NAIC#	
		AGES					•					
II C	NDIC/	ATED. NOTWIT FICATE MAY B	HSTANDING ANY REQU	JIREMENT TAIN, THE	, TERM OF	CONDI	TION OF ANY CONTI ORDED BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	D NAMED ABOVE FOR THE P DCUMENT WITH RESPECT TO IEREIN IS SUBJECT TO ALL MS.	O WH	IICH THIS	
	ADD'L	ı	OF INSURANCE		ICY NUMBE		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs		
		GENERAL LIAB	BILITY	Enter Po	lion #		Enter Effective	Enter Expiration	EACH OCCURENCE	\$1,	000,000	
Α			CAL GENERAL LIABILITY	Eliter FC	nicy #		Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$30	00,000	
		_	S MADE X OCCUR				DE CLIDE THE DAT	PEC ADE CUIDDENT.	MED EXP (Any one person)	\$10	0,000	
		XCU INC	LUDED				ASK FOR RE	ES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,	\$1,000,000	
		L					CERTIFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,	000,000	
		l— —	BATE LIMIT APPLIES PER: PROJECT LOC						PRODUCTS - COMP/OP AGG	\$2,	000,000	
		M POLICY L] PROJECT [LOC							\$		
A	\boxtimes	AUTOMOBILE L	IABILITY	Enter Po	licy#		Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,	000,000	
		ALL OWNE	D AUTOS						BODILY INJURY (Per person)	\$		
		SCHEDULE		BE \$			ER "COMBINED SING \$1,000,000 -OR- BODI on), BODILY INJURY	LY INJURY (Per	BODILY INJURY (Per accident)	\$		
		NON-OWNE					RTY DAMAGE MUST		PROPERTY DAMAGE (Per accident)	\$		
D	\boxtimes	l ——	S POLLUTION LIABILITY	Enter Po	licy # (if		Enter Effective	Enter Expiration	EACH OCCURENCE	\$1,	000,000	
	1	NON-OWNE	ENTAL DAMAGE ED DISPOSALSITES	required)		Date	Date	AGGREGATE	\$1,	000,000	
В	\boxtimes		ELLA LIABILITY		licy # (if		Enter Effective	Enter Expiration	EACH OCCURRENCE	\$1,	000,000	
		OCCUR L	CLAIMS MADE	required		II DE TO	Date	Date	AGGREGATE	_	000,000	
			N \$Enter Amount				TALED WITH OTHER TO ACHIEVE REQU			\$		
			·		RAISE LI	MITS TO	\$5M FOR CONTRAC	TS OVER \$500,000		\$		
С		WORKERS COM EMPLOYERS' L	MPENSATION AND	Enter Po	licy#		Enter Effective	Enter Expiration	WC STATU- OTH-			
ľ		ANY PROPRIET	OR/PARTNER/EXECU-		-		Date	Date	E.L. EACH ACCIDENT	\$50	00,000	
		If yes, describe u	MEMBER EXCLUDED? under Y/N			CHE	THE "STATUTORY" CKED IN ADDITION		E.L. DISEASE - EA EMPLOYEE	\$50	00,000	
		SPECIAL PROV	ISIONS below				THE EMPLOYER'S I		E.L. DISEASE - POLICY LIMIT	\$500,000		
Е		PROFESSIO	NAL LIABILITY	Enter Po	licy #		Enter Effective	Enter Expiration	EACH OCCURRENCE	\$1,	000,000	
			If claims-made coverage completion of the contri						AGGREGATE	\$1,	000,000	
A w liab with	raiver ility. ' n a cro PORT I cond	of subrogation The State of Ne oss liability clau TANT: If the ce ditions of the p	in favor of the State of I ebraska, the Contracting use in effect on their beh ertificate holder is an A policy, certain policies	Nebraska a Agency ar alf. This C	and the Cond their off Coverage is	ntracting icers, dir s primary RED, the	Agency is applicable ectors, agents and en to all other coverage e policy(ies) must be	e to all policies included inployees are included es the State of Nebras be endorsed. If SUE	IT / SPECIAL PROVISION ling Workers' Compensation a sadditional insureds on the ska may possess. BROGATION IS WAIVED, s s not confer rights to the ce	and E gener	ral liability policy	
		endorsement(CANOCII	ATION				
CE	KIIF	ICATE HOLI	UEK				CANCELL	AHON				

© ACORD CORPORATION

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

The State of Nebraska

Architect, Engineering & Construction Management Services

A	DATE (MM/DD/YYYY) Month/Date/Year										
Ins Ins Ins Co	IFORMATION ONLY IFE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES B NOT CONSTITUTE I, AUTHORIZED IFFICATE HOLDER.										
11.01						S AFFORDING CO		NAIC #			
INSU	JRED	THE	NAME OF THE INSURED		INSURER A:	Name of Insura	1 3	Enter NAIC#			
	ndor l	Name MUST M	ATCH THE NAME ON THE		INSURER B:		nnce Company (if applicable)				
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#			
* (nuoi (sity, state & Zip Code			INSURER D:		ance Company (if applicable)	Enter NAIC#			
					INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
T II C	HIS IS NDICA ERTIF	AGES TO CERTIFY THAT THE POLICIES OF TO CERTIFY THAT THE POLICIES OF TO CONTINUE ANY REQUITIONS OF MAY PER' SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR CON TAIN, THE INSURANCE A	NDITION O	F ANY CONTE BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	CUMENT WITH RESPECT T EREIN IS SUBJECT TO ALL	O WHICH THIS			
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC		POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs			
		GENERAL LIABILITY	F . B				EACH OCCURENCE	\$1,000,000			
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100.000			
		CLAIMS MADE OCCUR		Date		Date	PREMISES (Ea occurrence)	,,			
		XCU INCLUDED		BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
				CERT		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000			
۸		AUTOMOBILE LIABILITY	Enter Policy #	Entor	Effective	Enter Expiration	COMBINED SINGLE LIMIT	\$1,000,000			
A	\bowtie	ANY AUTO ALL OWNED AUTOS	Enter Folicy #	Date	Effective	Date	(Each Accident) BODILY INJURY	\$			
		SCHEDULED AUTOS		EITHER "COMBINE			(Per person) BODILY INJURY	•			
		HIRED AUTOS				LY INJURY (Per (Per accident) OR	(Per accident)	\$			
		NON-OWNED AUTOS				ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
Е	\Box	PROFESSIONAL LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	AGGREGATE	\$2,000,000			
_		If claims-made covera completion of the cont	age, Seller must agree to ma tract or project, or obtain an	aintain cov	erage for 5 year	ars after the od of at least 5 years.	RAISE LIMIT TO CONTRACTS OV				
	П	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$			
		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$			
		DEDUCTIBLE				ER LIABILITY		\$			
		RETENTION \$Enter Amount	COVERAG	ES TO AC	HIEVE REQ	UIRED LIMITS		\$			
		WORKERS COMPENSATION AND					WC STATU- OTH-				
C		EMPLOYERS' LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	TORY LIMITS L ER				
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			TATUTORY" I	BOX MUST BE	E.L. EACH ACCIDENT	\$500,000			
		If yes, describe under Y/N	<u>C</u>	HECKED I	N ADDITION T	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below		IN THE E	MIPLOTEKS L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
							AGGREGATE	\$2,000,000			
A with with and of s	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).										
CE	RTIF	CATE HOLDER			CANCELL						
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					

Rental/Leased Construction Equipment – with Operators

A	CERTIFICATE OF LIABILITY INSURANCE Month/Date/Year											
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONI AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 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 ONI AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER INSURERS AFFORDING COVERAGE NAIC #												
						INSURERS			NAIC #			
INSU	JRED	THE	NAME OF THE INST	IDED		INSURER A:	Name of Insura		Enter NAIC#			
	ndor l	Name MUST M	ATCH THE NAME			INSURER B:		ance Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:		ance Company (if applicable)	Enter NAIC#			
		1				INSURER D:		ance Company (if applicable)	Enter NAIC#			
CO	VFR	AGES				INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
T IN C	HIS IS NDICA ERTII	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM TAIN, THE INSURA	OR CONDITANCE AFFO	TION O ORDED Y HAVI	F ANY CONTF BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H	OCUMENT WITH RESPECT TO IEREIN IS SUBJECT TO ALL T	WHICH THIS			
NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUM	BER	POLICY	(EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s			
		GENERAL LIABILITY	Enter Deliev #			Effective		EACH OCCURENCE	\$1,000,000			
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #		Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100,000			
		CLAIMS MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000			
		XCU INCLUDED			BES	ASK FOR REI	ES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
		MOBILE EQUIPMENT COVERAGE			CERT	TIFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
		POLICY PROJECT LOC							\$			
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #			Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS		EITH	Date ER "CO	MBINED SING	Date LE LIMIT" MUST	BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS HIRED AUTOS		BE S Perso	\$1,000,0 on), BO	00 -OR- BODII OILY INJURY (LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS		PROPE	RTY DA	MAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
Е	\boxtimes	Auto and Mobile Equipment Physical Damage	Enter Policy # (i	f		Effective	Enter Expiration	COMPREHENSIVE PD	\$REPL COST			
_		EXCESS/UMBRELLA LIABILITY	required)	P	Date	Tice .:	Date	COLLISION	\$REPL COST			
В	\boxtimes	OCCUR CLAIMS MADE	Enter Policy # (i required)	Ī	Enter	Effective	Enter Expiration Date	EACH OCCURRENCE AGGREGATE	\$4,000,000			
		DEDUCTIBLE		Y BE TOT		WITH OTHE	ER LIABILITY	AGGREGATE	\$4,000,000			
		RETENTION \$Enter Amount	COV	ERAGES	TO AC	HIEVE REQ	UIRED LIMITS		\$			
								WC STATU- OTH-	\$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #			Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER				
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			Date THE "S	TATUTORY" I	Date BOX MUST BE	E.L. EACH ACCIDENT	\$500,000			
		If yes, describe under Y/N		CHEC	CKED I	N ADDITION T	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below		IN	THEE	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
A w liab with IMF and of s	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).											
		ICATE HOLDER				CANCELL	ATION					
The	e Sta	te of Nebraska				THE EXPIRA	TION DATE THEREOF, CE WITH THE POLICY F	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	D BEFORE			
	AUTHORIZED REPRESENTATIVE											

Abatement, Remediation & HAZMAT Services; HAZwaste Disposal

A		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 Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number Insure Agent/Broker City, State & Zip Code Insurnce Agent/Broker Street Address or P.O. Box Insurance Agent/Broker Street Address												
INICI	IDEN							NAIC#				
11430	KLD	THE	NAME OF THE INSURED		INSURER A: Name of Insurance Company			Enter NAIC#				
	ndor l	Name MIST M	IATCH THE NAME ON THE		INSURER B:		ance Company (if applicable)	Enter NAIC#				
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#				
, ,	nuoi v	eny, suite te zip code			INSURER D:		ance Company (if applicable)	Enter NAIC#				
					INSURER E:	Name of Insura	ance 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 P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER 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	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s				
		GENERAL LIABILITY	Enter Deline #				EACH OCCURENCE	\$1,000,000				
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #	Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100,000				
		CLAIMS MADE OCCUR		Juic			PREMISES (Ea occurrence) MED EXP (Any one person)	· · · · ·				
		XCU INCLUDED		BE S		ES ARE CURRENT;		\$10,000				
				CER		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000				
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000				
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #	Ente	Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000				
А		ANY AUTO ALL OWNED AUTOS		Date		Date	BODILY INJURY (Per person)	\$				
		SCHEDULED AUTOS				GLE LIMIT" MUST LY INJURY (Per	BODILY INJURY					
		HIRED AUTOS	Per	son), BO	DILY INJURY	(Per accident) OR	(Per accident)	\$				
		NON-OWNED AUTOS	PROP	ERTY DA	AMAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$				
D	\boxtimes	CONTRACTORS POLLUTION LIABILITY	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000				
		\boxtimes REMEDIATION \boxtimes ALL DISPOSAL SITES	required)	Date		Date	AGGREGATE	\$2,000,000				
	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$9,000,000				
В		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$9,000,000				
		DEDUCTIBLE	MUST INC	LUDE	PL EXCESS	COVERAGE		\$				
		RETENTION \$Enter Amount	most inc	Tobb (or E Erreebb	COTENTIOE		\$				
		WORKERS COMPENSATION AND	D . D	-	Tice .:	n. n	WC STATU- OTH-					
C		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy #	Enter	Effective	Enter Expiration Date		2500,000				
		TIVE OFFICER/MEMBER EXCLUDED?		THE "S		BOX MUST BE	E.L. EACH ACCIDENT	\$500,000				
		If yes, describe under Y/N				TO HAVING LIMITS LIABILITY LINES	E.L. DISEASE - EA EMPLOYEE	\$500,000				
		SPECIAL PROVISIONS below		I an i	ANI LOTEKS I	ATABILITI LINES	E.L. DISEASE - POLICY LIMIT	\$500,000				
E		ENVIRONMENTAL CONTRACTORS PROFESSIONAL LIABILITY	Enter Policy #	Date	Effective	Enter Expiration	EACH OCCURRENCE	\$2,000,000				
			completion of the contract or p									
A w liab with	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											
		ndorsement(s).			CANCELL	ATION						
		te 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								

Lab Services, Groundwater Monitoring & Other Environmental Review

A		DATE (MM/DD/YYYY) Month/Date/Year											
Ins Ins Ins	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, 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. INSURERS AFFORDING COVERAGE NAIC#												
					INSURERS								
INS	JRED	THE	LAME OF THE INCHIDED		INSURER A:	Name of Insura	ance Company	Enter NAIC#					
	ndor l	Name MUST M	NAME OF THE INSURED ATCH THE NAME ON THE		INSURER B:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
		Street Address or P.O. Box	CONTRACT		INSURER C:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
VE	ildoi (City, State & Zip Code			INSURER D:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
					INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INCLIDANCE LISTED BELOW HAVE BEEN ISSUED TO THE INCLIDED NAMED ABOVE FOR THE POLICY DEPLOY.													
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 (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs					
		GENERAL LIABILITY					EACH OCCURENCE	\$1,000,000					
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED						
		CLAIMS MADE OCCUR		Date		Date	PREMISES (Ea occurrence)	\$100,000					
				BES		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000					
		ቨ 		CERT		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:		CLIK	II ICITILO DE	ORD EM HUTTION	GENERAL AGGREGATE	\$2,000,000					
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000					
								\$					
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000					
		ALL OWNED AUTOS		EITHER "CO		GLE LIMIT" MUST	BODILY INJURY (Per person)	\$					
		SCHEDULED AUTOS HIRED AUTOS				LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$					
		NON-OWNED AUTOS	P			ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$					
D		PROFESSIONAL LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000					
_		If claims-made coverage, Selle completion of the contract or pr	must agree to maintain			he	AGGREGATE	\$1,000,000					
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$					
_		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$					
		DEDUCTIBLE				ALL LIABILITY		\$					
		RETENTION \$Enter Amount	LIMITS INCLU	DING PROFE	SSIONAL LIA	BILITY TO \$5,000,000		\$					
		WORKERS COMPENSATION AND					WC STATU- OTH-	Ţ					
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Effective	Enter Expiration	TORY LIMITS L ER						
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?		Date THE "S	TATUTORY"	Date BOX MUST BE	E.L. EACH ACCIDENT	\$500,000					
		If yes, describe under Y/N		CHECKED I	N ADDITION 7	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000					
		SPECIAL PROVISIONS below		IN THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000					
A w liab with	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).												
CE	RTIF	CATE HOLDER	•		CANCELL	.ATION							
Th	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												
					1								

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

THE NAME OF THE NAME OF THE SAME OF THE SAME OF THE ORDINATE OF THE NAME OF THE SAME OF TH		ACOPPO' OF DETICATE OF LABOURTY INJOURNAL OF													
Basamoe Agent Broker Name And CONFERS NO RICHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OBES NOT A REPRAINTLY LY OF READ THE POLICIES BY THE COLLIES BY THE COLL	/		CERTIFIC	ATE OF L	.IAB	ILI	TY INS	URANCE			ATE (MM/DD/YYYY) Month/Date/Year				
NSURER AFFORING COVERAGE NAIC #	In: In: In:	surnce surnce	Agent/Broker Name Agent/Broker Street Address or P.O. F Agent/Broker City, State & Zip Code	вох			AND CON CERTIFIC EXTEND BELOW. A CONTR	IFERS NO RIGHTS CATE DOES NOT OR ALTER THE CATHIS CERTIFICAT ACT BETWEEN T	S UPON THE CERTIFICA AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S	TE H GAT Y TH S NO), AU	OLDER. THIS IVELY AMEND, HE POLICIES T CONSTITUTE ITHORIZED				
Vendor Name Vendor Street Address of P.O. Box Vendor City, State & Zap Code MIXT MATCH THE NAME ON THE SHEEP NAME OF THE NAME ON THE CONTRACT SHEEP NAME ON THE SHEEP NAM										HIFIC					
Vendor Sincer Address or P.O. Bo Vendor City, State & Zop Code MOUREACT Mountain	INS	URED													
Resure C. Name of Insurance Company (if applicable) Emer NAICH	Ve	endor l					INSURER B:	Name of Insura	ance Company (if applicable))	Enter NAIC#				
Residence Name of Insulance Complany (in Applicable) Enter NAICS			Street Address or P.O. Box		THE		INSURER C:	Name of Insura	ance Company (if applicable))	Enter NAIC#				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITS AND INSURED ANY RESIDENCE OF WHICH THIS SENDED TO MICE THE POLICY PERIOD INDICATED NOTWITS AND INSURED NAME PERIOD OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OF ANY CONTRACT OR OTHER DOCUMENT. WITH RESPECT OF WHICH THE SUBJECT OR ANY CONTRACT OR OTHER DATES. WITH RESPECT OR OTHER DOCUMENT. THE SUBJECT OR OTHER DOCUMENT. WITH RESPECT OR OTHER DOCUMENT. THE POLICY # IN CONTRACT OR OTHER DOCUMENT. WITH RESPECT OR POLICY # IN CONTRACT OR OTHER DOCUMENT. WITH RESPECT OR POLICY # IN CONTR	Ve	endor	City, State & Zip Code				INSURER D:	Name of Insura	ance Company (if applicable))	Enter NAIC#				
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The State of Nebraska The Expiration date thereof, notice will be delivered in accordance with the Policy Provisions.							CANCELL	ATION							
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Grounds Maintenance, Landscaping & Snow Removal

A	CERTIFICATE OF LIABILITY INSURANCE												
Ins	PRODUCER Insurnce Agent/Broker Name Insurnce Agent/Broker City, State & Zip Code 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												
		Agent/Broker City, State & Zip Code & Phone Number			A CONTR	ACT BETWEEN T	E OF INSURANCE DOES HE ISSUING INSURER(S), DDUCER, AND THE CERT	AUTHORIZED					
						AFFORDING CO		NAIC#					
INSU	IRED				INSURER A:	Name of Insura	ance Company	Enter NAIC#					
	ndor l	Name MUST M	NAME OF THE INSURE ATCH THE NAME ON T		INSURER B:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
V C	iiuoi v	city, State & Zip Code			INSURER D:		ance Company (if applicable)	Enter NAIC#					
	VED	AGES			INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
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 HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
		TYPE OF INSURANCE	POLICY NUMBER	POLIC	CY EFFECTIVE E (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s					
		GENERAL LIABILITY	E D-1: #				EACH OCCURENCE	\$1,000,000					
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #	Date	er Effective e	Enter Expiration Date	DAMAGE TO RENTED	\$100,000					
		CLAIMS MADE OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000					
		<u> </u>		BE	SURE THE <u>DAT</u> ASK FOR REI	ES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000					
		□		CEF		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000					
		POLICY PROJECT LOC						\$					
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #	Ente	er Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000					
	ANY AUTO ALL OWNED AUTOS					Date LE LIMIT" MUST	BODILY INJURY (Per person)	\$					
		SCHEDULED AUTOS HIRED AUTOS			,000 -OR- BODII	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$					
		NON-OWNED AUTOS				ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$					
D	\boxtimes	CONTRACTORS POLLUTION LIABILITY	Enter Policy # (if	Ente	er Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000					
			required)	Date	e	Date	AGGREGATE	\$2,000,000					
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		er Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000					
		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000					
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		RETENTION \$Enter Amount	TO BRING ALL	LIADILITI	LIMITS OF T	0 \$10,000,000		\$					
С	\boxtimes	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	Ente	er Effective	Enter Expiration	WC STATU- OTH-						
_		ANY PROPRIETOR/PARTNER/EXECU-	•	Date		Date	E.L. EACH ACCIDENT	\$500,000					
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N			STATUTORY" I IN ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000					
		SPECIAL PROVISIONS below				IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000					
A w liab with	aiver ility. T	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of N The State of Nebraska, the Contracting ss liability clause in effect on their behavior.	Nebraska and the Cont Agency and their offic alf. This Coverage is p	racting Agen- ers, directors orimary to all	cy is applicable , agents and em other coverages	to all policies included ployees are included s the State of Nebrasi	ting Workers' Compensation a las additional insureds on the ka may possess.	and Employer's general liability policy					
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CE	RTIF	ICATE HOLDER			CANCELL								
The	Sta	te of Nebraska			THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN	D BEFORE					
	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												

Pest Control, Weed, Debris, & Tree Control

ACORD CERTIFICATE OF LIABILITY INSURANCE														
Ins Ins Ins	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, Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number 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. INSURERS AFFORDING COVERAGE NSURED NSURER A: Name of Insurance Company Enter NAIC#													
INICI	IDED													
IIVO	KLD	THE	NAME OF THE INSURED		INSURER A:		• •	Enter NAIC#						
	ndor l		ATCH THE NAME ON THE		INSURER B:		ance Company (if applicable)	Enter NAIC# Enter NAIC#						
		City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable) ance Company (if applicable)	Enter NAIC#						
					INSURER E:		ance Company (if applicable)	Enter NAIC#						
СО	VER	AGES			INCORER E.	Traine of hisar	ance company (ii applicable)	Enter Wife"						
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 ADDIL														
LTR	INSRD		POLICY NUMBER	DATE	(MM/DD/YY)	DATE (MM/DD/YY)								
A	\boxtimes	GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Policy #		Effective	Enter Expiration	DAMAGE TO RENTED	\$1,000,000						
		COMMERICAL GENERAL LIABILITY CLAIMS MADE OCCUR		Date		Date	PREMISES (Ea occurrence)	\$100,000						
		CLAIINS MADE 2 OCCUR		BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000						
		<u> </u>		CERT	ASK FOR REI	PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000						
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000						
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000						
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #	Enter	Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000						
		ANY AUTO ALL OWNED AUTOS		Date		Date	BODILY INJURY (Per person)	\$						
		SCHEDULED AUTOS				GLE LIMIT" MUST LY INJURY (Per	BODILY INJURY	\$						
		HIRED AUTOS				(Per accident) OR ALL BE \$1,000,000	(Per accident) PROPERTY DAMAGE	\$						
		NON-OWNED AUTOS		+			(Per accident)							
D	\boxtimes	CONTRACTORS POLLUTION LIABILITY APPLICATORS	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000						
		ALL DISPOSAL SITES	required)	Date		Date	AGGREGATE	\$2,000,000						
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000						
		OCCUR CLAIMS MADE DEDUCTIBLE	required)	Date		Date	AGGREGATE	\$1,000,000						
			OR CONTRACTS OVER \$5 ALL LIABILITY LIMITS II					\$						
		RETENTION SERIES AMOUNT	LEE ENTIFICITY ENTITY I	LCECD	ING CIL CI	10 \$5,000,000		\$						
С	\boxtimes	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER							
	_	ANY PROPRIETOR/PARTNER/EXECU-		Date		Date	E.L. EACH ACCIDENT	\$500,000						
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N		ECKED I	N ADDITION T	BOX <u>MUST BE</u> FO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000						
		SPECIAL PROVISIONS below	1	N THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000						
DE:	200	OTION OF OREDATIONS // COAT	IONS (VEHICLES (EVO	l liere.	IC ADDED 5	N ENDODOCATE	IT / CRECIAL PROVISION							
A w liab with	aiver ility. T	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of N he State of Nebraska, the Contracting ss liability clause in effect on their behalons. ANT: If the certificate holder is an A	Nebraska and the Contracting Agency and their officers, dialf. This Coverage is primar	g Agency rectors, y to all o	y is applicable agents and em other coverage	to all policies included aployees are included s the State of Nebras	ling Workers' Compensation as additional insureds on the ka may possess.	and Employer's general liability policy						
and	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).													
CE	RTIF	ICATE HOLDER			CANCELL									
The	e Sta	te of Nebraska			THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN	ED BEFORE						
						CE WITH THE POLICY I REPRESENTATIVE	-KUVISIUNS.							

Janitorial and Custodial Services

1	CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) Month/Date/Year												
In In In	surnce surnce	R Agent/Broker Name Agent/Broker Street Address or P.O. F Agent/Broker City, State & Zip Code & Phone Number				AND CON CERTIFIC EXTEND (BELOW. A CONTR REPRESE	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN THE ENTATIVE OR PRO	ED AS A MATTER OF IN S UPON THE CERTIFICA' AFFIRMATIVELY OR NO OVERAGE AFFORDED E E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CER	TE H GAT Y TH S NO), AU	OLDER. THIS TVELY AMEND, HE POLICIES T CONSTITUTE ITHORIZED CATE HOLDER.			
INS	URED						S AFFORDING CO			NAIC#			
		THE	NAME OF THE INSUR	ED		INSURER A:	Name of Insura	1 7		Enter NAIC#			
			ATCH THE NAME ON			INSURER B:		ance Company (if applicable) ance Company (if applicable)		Enter NAIC#			
		City, State & Zip Code	CONTRACT			INSURER D:		ance Company (if applicable)		Enter NAIC#			
						INSURER E:		ance Company (if applicable)		Enter NAIC#			
CC	VER	AGES				INCONER E.	Traine of Insure	ance company (ii apprication)		Zanter 1 (1 II e)			
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 [ADDIL] POLICY EFFECTIVE POLICY EXPIRATION													
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBE	R	POLIC	PEFFECTIVE (MM/DD/YY)	DATE (MM/DD/YY)	LIMI	TS				
Α		GENERAL LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	EACH OCCURENCE	\$1	,000,000			
	_	COMMERICAL GENERAL LIABILITY CLAIMS MADE OCCUR			Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1	00,000			
		CLAIMS MADE OCCUR			BE S	URE THE DAT	TES ARE CURRENT;	MED EXP (Any one person)	\$1	0,000			
		H			CEDI		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	÷	,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:			CER	III ICATES DE	ORE EXITION	GENERAL AGGREGATE	+	,000,000			
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	+-	,000,000			
									\$				
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1	,000,000			
		ALL OWNED AUTOS	l r	CITU	ED "CO	MDINED SINC	GLE LIMIT" MUST	BODILY INJURY (Per person)	\$				
		SCHEDULED AUTOS HIRED AUTOS		BE	\$1,000,0	000 -OR- BODI	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$				
		NON-OWNED AUTOS		PROPE	RTY DA	AMAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$				
Б		CONTRACTORS POLLUTION LIABILITY	Enter Policy # (if		Entor	Enter Effective Enter Expiration EACH OCCURRENCE				,000,000			
D	\boxtimes	APPLICATORS	required)		Date	Effective	Date Date	AGGREGATE	\$2	,000,000			
		\boxtimes ALL DISPOSAL SITES											
	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if			Effective	Enter Expiration	EACH OCCURRENCE	\$				
		OCCUR CLAIMS MADE	required)		Date		Date	AGGREGATE	\$				
		DEDUCTIBLE RETENTION \$Enter Amount	FOR CONTRACTS ALL LIABILITY LI						\$				
		RETENTION SEINER AMOUNT	ALL LIABILITY LI	WIII 5 II	CLUL	ANG CI L OI	10 \$2,000,000		\$				
С	\bowtie	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- OTH-					
ľ		ANY PROPRIETOR/PARTNER/EXECU-			Date		Date	E.L. EACH ACCIDENT	\$5	00,000			
I		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N		CHE			BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$5	00,000			
		SPECIAL PROVISIONS below					LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$5	00,000			
A v liab wit IMI and	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												
		endorsement(s).				CANCELL	ATION						
		te of Nebraska				SHOULD AN	IY OF THE ABOVE DESC ATION DATE THEREOF,	CRIBED POLICIES BE CANCELL NOTICE WILL BE DELIVERED IN		FORE			
I	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												

On-Site Medical Services

A	Ć	ORD CERTIFIC	ATE OF L	IAB	ILI	TY INS	URANCE			DATE (MM/DD/YYYY) Month/Date/Year	
Ins Ins Ins	urnce urnce	R Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Box			AND CON CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE C THIS CERTIFICAT ACT BETWEEN T	S UPON THE CER AFFIRMATIVELY OVERAGE AFFOI E OF INSURANC HE ISSUING INSU DDUCER, AND TH	TIFICATI OR NEO RDED BY E DOES JRER(S),	GATIVELY AMEND, 7 THE POLICIES NOT CONSTITUTE AUTHORIZED IFICATE HOLDER.	
INSU	RED					INSURER A:	Name of Insur			NAIC # Enter NAIC#	
		THE	NAME OF THE INSURE	<u>ED</u>		INSURER B:		ance Company (if ap	nlicable)	Enter NAIC#	
		Name Street Address or P.O. Box	ATCH THE NAME ON CONTRACT	THE		INSURER C:		ance Company (if ap	•	Enter NAIC#	
Ve	ndor	City, State & Zip Code	CONTINUE			INSURER D:		ance Company (if ap	•	Enter NAIC#	
						INSURER E:		ance Company (if ap	_	Enter NAIC#	
СО	VER	AGES								•	
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	R		Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	S	
		GENERAL LIABILITY	Enter Policy #			Effective	Enter Expiration	EACH OCCURENCE		\$1,000,000	
A		COMMERICAL GENERAL LIABILITY	Zitter I offey #		Date	Literate	Date	DAMAGE TO RENTED PREMISES (Ea occurre		\$100,000	
		CLAIMS MADE OCCUR			DE C	LIDE THE DAT	ES ARE CURRENT;	MED EXP (Any one pe		\$10,000	
		ABUSE & MOLESTATION			ASK FOR RE	PLACEMENT	PERSONAL & ADV IN	JURY	\$1,000,000		
		INCLUDED		CERT	TIFICATES BEI	FORE EXPIRATION	GENERAL AGGREGA	TE	\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/C	OP AGG	\$2,000,000		
		POLICY PROJECT LOC								\$	
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #			Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)		\$1,000,000	
		ALL OWNED AUTOS	Г					BODILY INJURY (Per person)		\$	
		SCHEDULED AUTOS					LE LIMIT" MUST LY INJURY (Per	BODILY INJURY (Per accident)		\$	
		HIRED AUTOS				DILY INJURY AMAGE MUST					
		NON-OWNED AUTOS	L	TROTE	KII Di	IMPIGE MEST	TILL BE \$1,000,000	PROPERTY DAMAGE (Per accident)		\$	
D		MEDICAL PROFESSIONAL LIABILITY	Enter Policy # (if		Enter	Effective	Enter Expiration	EACH OCCURRENCE		Limits consistent with Nebraska Medical	
			ms-made coverage, S							Malpractice Cap	
_		EXCESS/UMBRELLA LIABILITY	pletion of the contract of	r project							
В	\boxtimes	OCCUR CLAIMS MADE	Enter Policy # (if		Enter	Effective	Enter Expiration	EACH OCCURRENCE		\$1,000,000	
		DEDUCTIBLE	FOR CONTRACT GENERAL AND AU					AGGREGATE		\$1,000,000 \$	
		RETENTION \$Enter Amount	CONTRACTS OV	ER \$10 N	MILLIO	N: SUFFICIEN	T TO BRING				
			GENERAL AND A	UTO LIA	ABILIT	Y LIMITS UP T	O \$10,000,000	WC STATU- [OTI.	\$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #			Effective	Enter Expiration	TORY LIMITS	OTH- ER		
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			Date	TATUTORY"	Date BOX MUST BE	E.L. EACH ACCIDENT		\$500,000	
		If yes, describe under Y/N		CHEC	CKED I	N ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EM		\$500,000	
		SPECIAL PROVISIONS below		IN	THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLIC	Y LIMIT	\$500,000	
Е		Crime and Employee Dishonesty Including Third Party Fidelity	Enter Policy #		Enter Date	Effective	Enter Expiration Date	EACH OCCUR &	AGG	\$1,000,000	
A w liab with IMF and of s	aiver lity. T a cro ORT cond uch e	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of 1 The State of Nebraska, the Contracting ass liability clause in effect on their beh (ANT: If the certificate holder is an A ditions of the policy, certain policies endorsement(s).	Nebraska and the Con Agency and their officalf. This Coverage is DDITIONAL INSUR	tracting cers, dire primary ED, the	Agence ectors, to all o	y is applicable agents and em other coverage y(ies) must b statement on	to all policies included ployees are included as the State of Nebras e endorsed. If SUE this certificate doe	ling Workers' Comp l as additional insure ska may possess. BROGATION IS WA	ensation and on the grade AIVED, so	and Employer's general liability policy ubject to the terms	
CE	RTIF	ICATE HOLDER				CANCELL					
The	Sta	te of Nebraska					Y OF THE ABOVE DES			D BEFORE	
	THE EXTRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE										

Mental Health Residential & Outpatient Services

	CERTIFICATE OF LIABILITY INSURANCE										
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. Agent/Broker City, State & Zip Coo & Phone Number				AND CON CERTIFIC EXTEND BELOW.	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CI THIS CERTIFICAT	JED AS A MATTER OF IN S UPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B' E OF INSURANCE DOES HE ISSUING INSURER(S)	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE		
								ODUCER, AND THE CERT			
INICI	JRED						AFFORDING CO		NAIC #		
		THE	NAME OF TI	HE INSURI	ED	INSURER A:	Name of Insura		Enter NAIC#		
	ndor l		MATCH THE CONTRA	NAME ON		INSURER B:		ance Company (if applicable) ance Company (if applicable)	Enter NAIC# Enter NAIC#		
		City, State & Zip Code	CONTRA	CI		INSURER D:		ance Company (if applicable)	Enter NAIC#		
						INSURER E:					
СО	VER	AGES									
IN C	IDICA ERTIF	TO CERTIFY THAT THE POLICIES (TED. NOTWITHSTANDING ANY REC TICATE MAY BE ISSUED OR MAY PE SIONS AND CONDITIONS OF SUCH	UIREMENT, THE I	TERM OR	CONDITION CE AFFORDE OWN MAY HA	OF ANY CONTE D BY THE POL VE BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H JCED BY PAID CLAIN	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL T	WHICH THIS		
	ADD'L INSRD	TYPE OF INSURANCE		CY NUMBE	_ POL	CY EFFECTIVE E (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s		
	\square	GENERAL LIABILITY	Enter Poli	icv#		er Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000		
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Litter 1 on	су п	Da		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
		CLAIMS MADE OCCUR			DI	CLIDE THE DAT	'ES ARE CURRENT;	MED EXP (Any one person)	\$10,000		
		<u> </u>				ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:			CE	RTIFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000		
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000		
		M POLICY M PROJECT M LOC							\$		
A	\boxtimes	ANY AUTO	Enter Poli	icy#	En Da	er Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000		
		ALL OWNED AUTOS		Γ			GLE LIMIT" MUST	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS HIRED AUTOS				0,000 -OR- BODI	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS					ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$		
D		MEDICAL PROFESSIONAL LIABILITY INCL ALLIED HEALTH	Enter Poli	icy # (if	En Da	er Effective	Enter Expiration	EACH OCCURRENCE AGGREGATE	Limits consistent with Nebraska Medical Malpractice Cap		
							coverage for 3 years a ed reporting period of				
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Poli			er Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000		
-		OCCUR CLAIMS MADE	required)		Da	te	Date	AGGREGATE	\$4,000,000		
		DEDUCTIBLE				D WITH OTHE			\$		
		RETENTION \$Enter Amount		COVE	RAGES TO A	CHIEVE KEQ	UIRED LIMITS		\$		
C		WORKERS COMPENSATION AND	Enter Poli	icv#	En	er Effective	Enter Expiration	WC STATU- OTH-			
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Litter 1 on	су #	Da		Date	E.L. EACH ACCIDENT	\$500,000		
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N				"STATUTORY"	BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000		
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000		
Е	\boxtimes	Crime and Employee Dishonesty Including Third Party Fidelity	Enter Poli			er Effective	Enter Expiration	PER OCCUR & AGG	\$1,000,000		
DE	SCPII					TIAL SERVIC		T / SPECIAL PROVISIONS	<u> </u>		
A w liab with	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 iability. 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. MPORTANT: 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).										
		ICATE HOLDER				CANCELL	ATION				
The	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										

Medical Assessment and Treatment for Offenders

A	CERTIFICATE OF LIABILITY INSURANCE Month/Date/Year											
	DUCE urnce	R Agent/Broker Name				AND CON	FERS NO RIGHTS	ED AS A MATTER OF IN UPON THE CERTIFICAT AFFIRMATIVELY OR NEC	E HOLDER. THIS			
Ins	urnce	Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Sox			EXTEND (BELOW. 1 A CONTR.	OR ALTER THE CONTROL OF T	OVERAGE AFFORDED BY E OF INSURANCE DOES HE ISSUING INSURER(S), DDUCER, AND THE CERT	THE POLICIES NOT CONSTITUTE AUTHORIZED			
							AFFORDING CO		NAIC #			
INSU	JRED					INSURER A:	Name of Insura	ince Company	Enter NAIC#			
	ndor l	Name MUST M	NAME OF THE ATCH THE NA		3	INSURER B:	Name of Insura	ince Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box City, State & Zip Code	CONTRAC			INSURER C:		nce Company (if applicable)	Enter NAIC#			
VC	nuoi (city, state & Zip Code				INSURER D:		nce Company (if applicable)	Enter NAIC#			
	VED	AGES				INSURER E:	Name of Insura	ince Company (if applicable)	Enter NAIC#			
T IN C	HIS IS IDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TE TAIN, THE IN	ERM OR COI ISURANCE A	NDITION O	F ANY CONTR BY THE POLI	RACT OR OTHER DO CIES DESCRIBED H	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL T	WHICH THIS			
INSR	ADD'L INSRD	TYPE OF INSURANCE		Y NUMBER	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s			
		GENERAL LIABILITY	D . D !!	.,				EACH OCCURENCE	\$1,000,000			
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy	у #	Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100,000			
		CLAIMS MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000			
					BE S	URE THE DAT ASK FOR REI	ES ARE CURRENT;	PERSONAL & ADV INJURY	\$1,000,000			
					CERT		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
		POLICY PROJECT LOC							\$			
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy	y #		Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS		Е	Date ITHER "CO	MBINED SING	Date LE LIMIT" MUST	BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS HIRED AUTOS			BE \$1,000,0	000 -OR- BODII	LY INJURY (Per Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS					ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D		MEDICAL PROFESSIONAL LIABILITY INCL ALLIED HEALTH	Enter Policy	y # (if	Enter Date	Effective	Enter Expiration	EACH OCCURRENCE AGGREGATE	Limits consistent with Nebraska Medical Malpractice Cap			
							overage for 3 years a ed reporting period of					
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Police			Effective	Enter Expiration	EACH OCCURRENCE	\$9,000,000			
D		OCCUR CLAIMS MADE	required)	` `	Date		Date	AGGREGATE	\$9,000,000			
		DEDUCTIBLE					ER LIABILITY		\$			
		RETENTION \$Enter Amount	L	COVERAG	SES TO AC	CHIEVE REQU	JIRED LIMITS		\$			
_		WORKERS COMPENSATION AND	D . D !!	.,	ъ.	Tice	P - P	WC STATU- OTH-				
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy	y #	Date	Effective	Enter Expiration Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED?			THE "S	TATUTORY" I	BOX MUST BE	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		If yes, describe under Y/N SPECIAL PROVISIONS below		<u>C</u>			O HAVING LIMITS IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
								E.E. DIOEAGE T GEIGT EINIT	\$500,000			
	Ш											
A with	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 s	uch e	ndorsement(s).	.,									
CE	RTIF	ICATE HOLDER				CANCELL						
The	e Sta	te of Nebraska				THE EXPIRA		CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	D BEFORE			
AUTHORIZED REPRESENTATIVE												
	AUTHORIZED REPRESENTATIVE											

Lab & Medical Testing services

A	Ć	CERTIFIC	ATE	OF L	IAB	ILIT	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins	surnce surnce	Agent/Broker Name Agent/Broker Street Address or P.O. F Agent/Broker City, State & Zip Code & Phone Number					AND CON CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CI THIS CERTIFICAT ACT BETWEEN T	JED AS A MATTER OF IN S UPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED			
INS	JRED						INSURER A:	Name of Insura		Enter NAIC#			
* 7			NAME OF TH				INSURER B:		ance Company (if applicable)	Enter NAIC#			
	endor l endor s	Street Address or P.O. Box	ATCH THE I		THE		INSURER C:		ance Company (if applicable)	Enter NAIC#			
Ve	endor (City, State & Zip Code	CONTRA	ic i			INSURER D: Name of Insurance Company (if applicable) Enter NAI						
							INSURER E: Name of Insurance Company (if applicable) Enter NAIC#						
II C	HIS IS NDICA ERTIF	AGES TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU- TICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	RACT OR OTHER DO ICIES DESCRIBED H	OCUMENT WITH RESPECT TO BEREIN IS SUBJECT TO ALL T MS.	O WHICH THIS THE TERMS,								
LTR	INSRD	TYPE OF INSURANCE	POLI	CY NUMBE	R	DATE	EFFECTIVE (MM/DD/YY)	DATE (MM/DD/YY)	LIMIT	•			
A	\boxtimes	GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Poli	cy#		Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000			
		CLAIMS MADE OCCUR				DE C	IDE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
		H					ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
						CERT	IFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000,000			
		A POLICY A PROJECT A LOC								\$			
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Poli	cy#		Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS		Г					BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS HIRED AUTOS			BE S	\$1,000,0	00 -OR- BODII	GLE LIMIT" MUST LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS						ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D		MEDICAL PROFESSIONAL LIABILITY INCL TESTING	Enter Poli	cy#(if		Enter	Effective	Enter Expiration	EACH OCCURRENCE	Limits consistent with Nebraska Medical Malpractice Cap			
		If claims-made cove						ears after the riod of at least 3 years					
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Poli		tain an e		Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
		OCCUR CLAIMS MADE	required)			Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE						ER LIABILITY UIRED LIMITS		\$			
		RETENTION \$Enter Amount		COVE	KAULS	TOAC	IIIEVE KEQ	CIRED LIMITS		\$			
С		WORKERS COMPENSATION AND	Enter Poli	cv#		Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER				
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Lincol I Oli	~j "		Date	2.100.1140	Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N						BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below						IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
A v	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.												
and	cond	ANT: If the certificate holder is an A ditions of the policy, certain policies endorsement(s).											
		ICATE HOLDER					CANCELL	ATION					
Th	e Sta	te of Nebraska		· <u> </u>			THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN	D BEFORE			
								ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE												

Other Medical Services

J ti	officer wedical Services											
A	Ć	ORD CERTIFIC	ATE OF LIA	3ILI	TY INS	URANCE			ATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	surnce surnce	R Agent/Broker Name Agent/Broker Street Address or P.O. I Agent/Broker City, State & Zip Code & Phone Number			AND CON CERTIFIC EXTEND (BELOW. 1 A CONTR	FERS NO RIGHTS ATE DOES NOT DR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO	ED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE DVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT	GAT Y TH NO , AU	OLDER. THIS IVELY AMEND, IE POLICIES T CONSTITUTE THORIZED			
						AFFORDING CO			NAIC #			
INS	JRED				INSURER A:	Name of Insura			Enter NAIC#			
Ve	endor l		NAME OF THE INSURED		INSURER B:		ince Company (if applicable)		Enter NAIC#			
		Street Address or P.O. Box	ATCH THE NAME ON THE CONTRACT		INSURER C:	Name of Insura	ince Company (if applicable)		Enter NAIC#			
Ve	endor	City, State & Zip Code			INSURER D:	Name of Insura	ince Company (if applicable)		Enter NAIC#			
					INSURER E:	Name of Insura	ince 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. INSER [ADDIL] TYPE OF INSURANCE POLICY WIMMER POLICY EFFECTIVE POLICY EXPIRATION LIMITS												
LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER		(MM/DD/YY)	DATE (MM/DD/YY)	LIMIT	S				
A	COMMERICAL GENERAL LIABILITY Date Date Date DAMAGE TO RENTED \$100,000 PREMISES (Ea occurrence) \$100,000											
	BE SURE THE DATES ARE CURRENT; MED EXP (Any one person) \$10,000											
	ASK FOR REPLACEMENT CERTIFICATES BEFORE EXPIRATION CERTIFICATES BEFORE EXPIRATION ASSOCIATION STUDIES OF THE CHIEF OF T											
		GEN'L AGGREGATE LIMIT APPLIES PER:		CER	TIFICATES BEI	ORE EXPIRATION	GENERAL AGGREGATE	\$2,	000,000			
							PRODUCTS - COMP/OP AGG		000,000			
		POLICY PROJECT LOC						\$				
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Ente	er Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,	000,000			
		ALL OWNED AUTOS					BODILY INJURY (Per person)	\$				
		SCHEDULED AUTOS HIRED AUTOS	Bi	E \$1,000,	,000 -OR- BODII	LE LIMIT" MUST LY INJURY (Per Per accident) OR	BODILY INJURY (Per accident)	\$				
		NON-OWNED AUTOS				ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$				
D		MEDICAL PROFESSIONAL LIABILITY INCL ALLIED HEALTH	Enter Policy # (if	Ente	er Effective	Enter Expiration	EACH OCCURRENCE AGGREGATE	Net	its consistent with braska Medical practice Cap			
		INCL MENTAL HEALTH COM	aims-made coverage, Seller r pletion of the contract or proj									
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Ente	r Effective	Enter Expiration	EACH OCCURRENCE	\$1,	000,000			
		OCCUR CLAIMS MADE	FOR CONTRACTS O				AGGREGATE	\$1,	000,000			
		DEDUCTIBLE	GENERAL AND AUT FOR CONTRACTS OVE					\$				
		RETENTION \$Enter Amount	GENERAL AND AUTO					\$				
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		er Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER					
		ANY PROPRIETOR/PARTNER/EXECU-		Date		Date	E.L. EACH ACCIDENT	\$50	00,000			
1		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N	СН		STATUTORY" I IN ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$50	00,000			
		SPECIAL PROVISIONS below		IN THE I	EMPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$50	00,000			
A w liab with	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	d cond	ditions of the policy, certain policies endorsement(s).										
		ICATE HOLDER			CANCELL	ATION						

© ACORD CORPORATION

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

The State of Nebraska

Medical Insurance / Benefits Providers & Services

1	C	CERTIFIC	ATE OF LIAE	BILI.	ty ins	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
In: In: In:	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. I Agent/Broker City, State & Zip Code & Phone Number			AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	FORMATION ONLY E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED IFICATE HOLDER.					
INICI	JRED					S AFFORDING CO		NAIC #			
INS	JKED	THE	NAME OF THE INSURED		INSURER A:	Name of Insura		Enter NAIC#			
	ndor l		IATCH THE NAME ON THE		INSURER B:		ance Company (if applicable)	Enter NAIC#			
		City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#			
		1			INSURER D:		ance Company (if applicable)	Enter NAIC#			
<u></u>	VED	AGES			INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
T II C	HIS IS NDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQUESTIONS AND SECUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	JIREMENT, TERM OR COND TAIN, THE INSURANCE AFF	ITION C ORDED AY HAV	F ANY CONTI BY THE POL E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H JCED BY PAID CLAIM	OCUMENT WITH RESPECT TO IEREIN IS SUBJECT TO ALL T	O WHICH THIS			
NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
		GENERAL LIABILITY	Enter Policy #		EACH OCCUREN		EACH OCCURENCE	\$1,000,000			
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #	Date		Enter Expiration Date	DAMAGE TO RENTED	\$100,000			
		CLAIMS MADE OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000			
				BE S		TES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
				CER		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000			
		POLICY PROJECT LOC						\$			
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #		r Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ANY AUTO		Date		Date	BODILY INJURY	\$			
		ALL OWNED AUTOS SCHEDULED AUTOS				GLE LIMIT" MUST	(Per person)	Ψ			
		HIRED AUTOS				LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS				ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D		MEDICAL PROFESSIONAL LIABILITY INCL MANAGED CARE LIABILITY	req If claims-made coverage, for 3 years after the compobtain an extended report	letion of t	he contract or pro	oject, or	EACH OCCURRENCE AGGREGATE	Limits consistent with Nebraska Medical Malpractice Cap			
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		r Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE				ER LIABILITY UIRED LIMITS		\$			
		RETENTION \$Enter Amount	COVERAGE	IOA	JIIE VE KEQ	ORED LIMITS		\$			
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	Ente	r Effective	Enter Expiration	WC STATU- OTH-				
		ANY PROPRIETOR/PARTNER/EXECU-		Date		Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N	CHI			BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below				LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
Е	\boxtimes	CYBER LIABILITY denial of services; Breach of Privacy	Enter Policy #	Ente	r Effective	Enter Expiration	EACH CLAIM & AGG	\$10,000,000			
		remediation; fines and penalties Security Breach	The State of Nebraska must l and loss payee As Their								
A with sand of s	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										
TI.	. C.	to of Nobroalso					CRIBED POLICIES BE CANCELLE	D BEFORE			
The State of Nebraska The expiration date thereof, notice will be delivered in accordance with the policy provisions.											
						REPRESENTATIVE					

State Parks Recreational Programs, Services, & Camps

A	Ć	CERTIFIC	ATE OF L	IABILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year					
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	юх		AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO ENTATIVE OR PRO	JED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DOUCER, AND THE CERT	TE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED					
	INSURERS AFFORDING COVERAGE INSURED INSURER A: Name of Insurance Company												
INSC	IKED	THE	NAME OF THE INSURE	ED.				Enter NAIC#					
	ndor l	Name MUST M	ATCH THE NAME ON		INSURER B:		ance Company (if applicable)	Enter NAIC#					
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#					
* 0	nuoi (city, state & Zip Code			INSURER D:		ance Company (if applicable)	Enter NAIC#					
					INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#					
T IN C	HIS IS IDICA ERTIF	AGES TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQUICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR TAIN, THE INSURANC	CONDITION O	F ANY CONTE BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	OCUMENT WITH RESPECT TO LEREIN IS SUBJECT TO ALL	O WHICH THIS					
INSR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	(MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs					
		GENERAL LIABILITY		DATE		i i	EACH OCCURENCE	\$1,000,000					
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$300,000					
		CLAIMS MADE OCCUR		Date		Daic	PREMISES (Ea occurrence)	· ' '					
		Rides, Sports Equipment and		BE S		ES ARE CURRENT;	MED PAY TO PARTICIPANTS	\$25,000					
		Other Amusement Included		CERT		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000					
		Abuse & molestation coverage					GENERAL AGGREGATE	\$2,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000					
		POLICY PROJECT LOC					PROF LIABILITY INCL VOLUNTEERS COMBINED SINGLE LIMIT	\$1,000,000					
A	\boxtimes	ANY AUTO	Enter Policy #	Enter Date	Effective	Enter Expiration	(Each Accident)	\$1,000,000					
		ALL OWNED AUTOS	Г		MRINED SINC	Date GLE LIMIT" MUST	BODILY INJURY (Per person)	\$					
		SCHEDULED AUTOS		BE \$1,000,0	000 -OR- BODI	LY INJURY (Per	BODILY INJURY (Per accident)	\$					
		HIRED AUTOS NON-OWNED AUTOS				(Per accident) OR ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$					
			Enter Policy # (if required)	Enter Date	Effective	Enter Expiration Date							
В	\boxtimes	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000					
			required)	Date	oo guericu	Date	AGGREGATE	\$1,000,000					
			FOR CONTRACTS O GENERAL AND AU					\$					
		RETENTION SERIES AMOUNT	GENERAL MAD MO	TO ENTIDIETT	1 Livilio Ci	10 \$5,000,000		\$					
C		WORKERS COMPENSATION AND	Enter Policy #	Enter	Effective	Enter Expiration	WC STATU- OTH-						
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Later Folicy #	Date	Literate	Date	E.L. EACH ACCIDENT	\$500,000					
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N				BOX MUST BE	E.L. DISEASE - EA EMPLOYEE	\$500,000					
		SPECIAL PROVISIONS below				TO HAVING LIMITS JABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000					
							E.E. BIOEFIGE TOLIGITEINIT	4500,000					
	Ш												
A w liab with IMF and of s	raiver ility. To a cro PORTA cond uch e	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of N he State of Nebraska, the Contracting ss liability clause in effect on their beh ANT: If the certificate holder is an A itions of the policy, certain policies ndorsement(s). CATE HOLDER the of Nebraska	Nebraska and the Com Agency and their officalf. This Coverage is p	tracting Agencers, directors, orimary to all of ED, the policing	y is applicable agents and en ther coverage y(ies) must b tatement on CANCELL SHOULD AN	to all policies included ployees are included s the State of Nebrasl e endorsed. If SUB this certificate does ATION Y OF THE ABOVE DESC	ling Workers' Compensation as additional insureds on the ka may possess. ROGATION IS WAIVED, so not confer rights to the conferights to the conferights policies be cancelled.	and Employer's general liability policy subject to the terms ertificate holder in lieu					
	The State of Nebraska THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												

State Parks High Risk Construction/Operations

A	C	ORD CERTIFIC	CATE C	F LIAE	3ILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year
PRO	DUCE	R				THIS CER	TIFICATE IS ISSU	JED AS A MATTER OF IN	FORMATION ONLY
Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. Agent/Broker City, State & Zip Code & Phone Number				CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	ATE DOES NOT OR ALTER THE C I'HIS CERTIFICAT ACT BETWEEN T ENTATIVE OR PRO	S UPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED S TO OF INSURANCE DOES THE ISSUING INSURER(S), DDUCER, AND THE CERT	GATIVELY AMEND, 7 THE POLICIES NOT CONSTITUTE AUTHORIZED IFICATE HOLDER.
INSI	IRED					INSURERS		NAIC#	
		THE	NAME OF THE	EINSURED		INSURER A:	Name of Insura	* *	Enter NAIC# Enter NAIC#
			MATCH THE NA	AME ON THE		INSURER C:		ance Company (if applicable) ance Company (if applicable)	Enter NAIC#
		City, State & Zip Code	CONTRAC	1		INSURER D:		ance Company (if applicable)	Enter NAIC#
						INSURER E:		ance Company (if applicable)	Enter NAIC#
СО	VER	AGES						1	
IN C E	IDICA ERTII XCLU	S TO CERTIFY THAT THE POLICIES C TED. NOTWITHSTANDING ANY REQ FICATE MAY BE ISSUED OR MAY PEI SIONS AND CONDITIONS OF SUCH I	JIREMENT, TE RTAIN, THE IN: POLICIES. LIM	ERM OR CONE SURANCE AFI ITS SHOWN M	OITION C FORDED IAY HAV	F ANY CONTE BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H ICED BY PAID CLAIM	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL T	WHICH THIS
LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY	NUMBER	DATE	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
Α	\boxtimes	GENERAL LIABILITY	Enter Policy	y #	Ente	r Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000
		COMMERICAL GENERAL LIABILITY CLAIMS MADE OCCUR			Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
		Rides, Sports Equipment and			BE S	URE THE DAT	ES ARE CURRENT;	MED EXP FOR PARTICIPANTS	\$25,000
		Other Amusement Included			CER'	ASK FOR RE	PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000
		Abuse & molestation coveragre			CLK	III ICITILO DE	ORE EXITION	GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG PROF LIABILITY INCL	\$2,000,000
		POLICY PROJECT LOC						VOLUNTEERS	\$1,000,000
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy	y #	Ente	r Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000
		ALL OWNED AUTOS		EIT	HED "CC	MDINED CINC	LE LIMIT" MUST	BODILY INJURY (Per person)	\$
		SCHEDULED AUTOS HIRED AUTOS		BI Per	E \$1,000,0 rson), BO	000 -OR- BODII DILY INJURY	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$
		NON-OWNED AUTOS		PROP	ERTY D	AMAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$
	П		Enter Policy	v # (if	Ente	r Effective	Enter Expiration		
			required)	` `	Date		Date		
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy	y # (if	Ente	r Effective	Enter Expiration	EACH OCCURRENCE	\$9,000,000
	1	OCCUR CLAIMS MADE	required)		Date		Date	AGGREGATE	\$9,000,000
		DEDUCTIBLE					ER LIABILITY UIRED LIMITS		\$
		RETENTION \$Enter Amount		COVERAGE	JOAG	JIIE VE KEQ	CIRED LIMITS		\$
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy	y #	Ente	r Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS CR	
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			Date		Date	E.L. EACH ACCIDENT	\$500,000
		If yes, describe under Y/N		CH			BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000
		SPECIAL PROVISIONS below			IN THE E	EMPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000
					1				
A w liab with IMF and	aiver ility. T a cro ORT cond	PTION OF OPERATIONS / LOCA of subrogation in favor of the State of The State of Nebraska, the Contracting ses liability clause in effect on their bel ANT: If the certificate holder is an additions of the policy, certain policies endorsement(s).	Nebraska and Agency and the half. This Cove ADDITIONAL	the Contractin heir officers, d erage is primar INSURED, the	g Agenc irectors, y to all c he polic	y is applicable agents and em other coverage y(ies) must b	to all policies included aployees are included s the State of Nebras e endorsed. If SUE	ting Workers' Compensation a l as additional insureds on the ka may possess. BROGATION IS WAIVED, s	and Employer's general liability policy ubject to the terms
CE	RTIF	ICATE HOLDER				CANCELL	ATION		1
The	e Sta	te of Nebraska				THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN	D BEFORE
							CE WITH THE POLICY I REPRESENTATIVE	PROVISIONS.	
						1			

State Parks Restaurant Operations

A	Ć	ORD CERTIFIC	ATE (OF L	IAB	ILI	TY INS	URANCE			ATE (MM/DD/YYYY) Month/Date/Year
Ins Ins Ins	surnce surnce	R Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Вох				AND CON CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CI THIS CERTIFICAT ACT BETWEEN T	JED AS A MATTER OF IN B UPON THE CERTIFICA' AFFIRMATIVELY OR NE OVERAGE AFFORDED E E OF INSURANCE DOES HE ISSUING INSURER(S DDUCER, AND THE CER	TE H EGAT BY TI S NC), AU	OLDER. THIS FIVELY AMEND, HE POLICIES OT CONSTITUTE JITHORIZED CATE HOLDER.
INS	JRED						INSURER A:	Name of Insura			NAIC # Enter NAIC#
		THE	NAME OF TH	IE INSURE	ED_		INSURER B:		ance Company (if applicable))	Enter NAIC#
		Name Street Address or P.O. Box	ATCH THE N CONTRA		THE		INSURER C:		ance Company (if applicable)		Enter NAIC#
		City, State & Zip Code	CONTRA	CI			INSURER D:		ance Company (if applicable)		Enter NAIC#
							INSURER E:		ance Company (if applicable)		Enter NAIC#
CC	VER	AGES							, , , , , , , , , , , , , , , , , , ,	,	
II C	NDICA ERTII XCLU	S TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, T TAIN, THE II	TERM OR NSURANO	CONDIT	TION O ORDED Y HAVI	F ANY CONTE BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H ICED BY PAID CLAIM	OCUMENT WITH RESPECT T IEREIN IS SUBJECT TO ALL	O W	HICH THIS
LTR	ADD'L INSRD	TYPE OF INSURANCE	POLIC	CY NUMBER	R	DATE	(EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS	
A		GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Police	cy#		Enter Date	Effective	Enter Expiration Date	EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	+	,000,000
		CLAIMS MADE OCCUR				DE C	IDE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$1	0,000
		FOOD SERVICE LIABILITY					ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1	,000,000
		L				CERT	TIFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2	2,000,000
		POLICY PROJECT LOC								\$	
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Police	cy#		Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1	,000,000
		ALL OWNED AUTOS		П					BODILY INJURY (Per person)	\$	
		SCHEDULED AUTOS HIRED AUTOS			BE S	\$1,000,0	000 -OR- BODII	LE LIMIT" MUST LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS						ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$	
	П		Enter Police	cy # (if		Enter	Effective	Enter Expiration			
			required)			Date		Date			
-		EXCESS/UMBRELLA LIABILITY	F . D !'	W 4.C		Г.	Ticc .:	E (E : c		١.,	000 000
В		OCCUR CLAIMS MADE	Enter Police required)	cy # (1f		Enter	Effective	Enter Expiration Date	EACH OCCURRENCE AGGREGATE	_	,000,000
		DEDUCTIBLE	,,	MAYI	BE TOT		WITH OTHE	ER LIABILITY	AGGREGATE	\$4	,,000,000
		RETENTION \$Enter Amount						UIRED LIMITS		T	
										\$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Police	cy#			Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER		
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?				Date THE "S	TATUTORY"	Date BOX MUST BE	E.L. EACH ACCIDENT	\$5	600,000
		If yes, describe under Y/N			CHEC	CKED I	N ADDITION T	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$5	500,000
		SPECIAL PROVISIONS below			IN	THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$5	500,000
		All Food	l Service E	mployee	es Must	t be V	accinated fo	r Hepatitis A and	В		
DE	SCD1	PTION OF OPERATIONS / LOCAT	IONS / VE	HICI ES	/ EYC	יטופוטי	IS ADDED I	SV ENDODSEMEN	IT / SDECIAL DDOVISION	16	
A w liab with	aiver ility. ' 1 a cro	of subrogation in favor of the State of In Estate of Nebraska, the Contracting sess liability clause in effect on their behand.	Nebraska and Agency and alf. This Cov	d the Cont their offic verage is p	tracting cers, dire primary	Agency ectors, to all o	y is applicable agents and em ther coverage	to all policies included uployees are included as the State of Nebrasi	ling Workers' Compensation as additional insureds on the ka may possess.	and e gen	eral liability policy
and of s	l cond such e	ditions of the policy, certain policies endorsement(s).					tatement on	this certificate does			
CE	RTIF	ICATE HOLDER					CANCELL				
Th	e Sta	te of Nebraska					THE EXPIRA		CRIBED POLICIES BE CANCELL NOTICE WILL BE DELIVERED IN PROVISIONS.		EFORE
								REPRESENTATIVE			

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

A	Ć	ORD CERTIFIC	ATE OF L	IABI	ILIT	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year		
Ins Ins	surnce surnce	R Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Зох			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEXTEND 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 HOLD					
INICI	JRED						S AFFORDING CO		NAIC #		
	JILLD	THE	NAME OF THE INSURE	D		INSURER A:	Name of Insura		Enter NAIC#		
			ATCH THE NAME ON T			INSURER B:		ance Company (if applicable)	+		
		City, State & Zip Code	CONTRACT			INSURER C:		ance Company (if applicable)			
		city, state to 22p code				INSURER D:		ance Company (if applicable)			
						INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
T II C E INSR	HIS IS NDICA ERTI XCLU ADD'L	AGES STO CERTIFY THAT THE POLICIES OF ATED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH PI	IREMENT, TERM OR (TAIN, THE INSURANC	CONDITI E AFFO WN MAY	ION O RDED ' HAVE	F ANY CONTI BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	CUMENT WITH RESPECT T EREIN IS SUBJECT TO ALL	O WHICH THIS THE TERMS,		
LTR	INSRE		POLICY NUMBER		DATE	(MM/DD/YY)	DATE (MM/DD/YY)				
A	\boxtimes	GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Policy #		Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000		
		CLAIMS MADE OCCUR		li	RF SI	IRE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000		
		H				ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000		
		<u> </u>			CERT	TFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000		
		POLICY PROJECT LOC							\$		
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #			Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000		
		ALL OWNED AUTOS			Date	ADDIED ON	Date	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS HIRED AUTOS		BE\$	1,000,0	00 -OR- BODI	GLE LIMIT" MUST LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS		PROPER	TY DA	MAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$		
	П		Enter Policy # (if		Enter	Effective	Enter Expiration				
			required)		Date		Date				
В	\square	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000		
_		OCCUR CLAIMS MADE	required)		Date		Date	AGGREGATE	\$1,000,000		
		DEDUCTIBLE RETENTION \$Enter Amount					JFFICIENT TO \$10,000,000		\$		
		RETENTION <u>\$Enter remount</u>					1 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		\$		
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER			
_		ANY PROPRIETOR/PARTNER/EXECU-			Date		Date	E.L. EACH ACCIDENT	\$500,000		
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N					BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000		
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000		
A with	vaiver ility. 'n a cro PORT I con- such e	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of N The State of Nebraska, the Contracting oss liability clause in effect on their beh. ANT: If the certificate holder is an A ditions of the policy, certain policies endorsement(s).	Nebraska and the Contral Agency and their office alf. This Coverage is p DDITIONAL INSURE	racting A ers, direct rimary to ED, the	Agency ctors, a o all o policy	v is applicable agents and en ther coverage v(ies) must b tatement on	e to all policies included aployees are included as the State of Nebrasi e endorsed. If SUB this certificate does	ling Workers' Compensation as additional insureds on the ka may possess. ROGATION IS WAIVED, 5	and Employer's general liability policy subject to the terms		
CE	RTIF	ICATE HOLDER			-	CANCELL					
Th	e Sta	ite of Nebraska				THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLI NOTICE WILL BE DELIVERED IN			
							CE WITH THE POLICY F REPRESENTATIVE	PROVISIONS.			
						AUTHORIZED	NLF RESENTATIVE				

Police, Fire & Emergency Equipment Purchase & Maintenance

A	C	ORD CERTIFIC	ATE OF	LIAB	ILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. I Agent/Broker City, State & Zip Code & Phone Number				AND CON CERTIFIC EXTEND (BELOW. T A CONTR	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN T	LED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NEO DVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED			
							AFFORDING CO		NAIC #			
INSU	JRED					INSURER A:	Name of Insura	ince Company	Enter NAIC#			
	ndor l	Name MUST M	NAME OF THE INSU ATCH THE NAME O					ince Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:	Name of Insura	nce Company (if applicable)	Enter NAIC#			
V C	nuoi v	city, State & Zip Code				INSURER D:		ince Company (if applicable)	Enter NAIC#			
<u></u>	VED	AGES				INSURER E:	Name of Insura	ince Company (if applicable)	Enter NAIC#			
T IN C	HIS IS NDICA ERTIF	TO CETTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	JIREMENT, TERM O TAIN, THE INSURA	R CONDIT	ION O RDED Y HAVI	F ANY CONTE BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H ICED BY PAID CLAIN	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL 1	O WHICH THIS			
NSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUME	ER	POLICY	(EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
		GENERAL LIABILITY	Enter Policy #			Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000			
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Folicy #		Date	Effective	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
		CLAIMS MADE OCCUR			DEC	LIDE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
		<u> </u>				ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
					CERT	TIFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
		POLICY PROJECT LOC							\$			
A						Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
	ALL OWNED AUTOS				Date ER "CO	MBINED SING	LE LIMIT" MUST	BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS HIRED AUTOS		BE \$	E \$1,000,000 -OR- BODILY INJURY (Per rson), BODILY INJURY (Per accident) OR			BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS		PROPER	ERTY DAMAGE MUST ALL BE \$1,000,000			PROPERTY DAMAGE (Per accident)	\$			
	П		Enter Policy # (if		Enter	Effective	Enter Expiration					
			required)		Date		Date					
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if			Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
		OCCUR CLAIMS MADE DEDUCTIBLE	required)		Date	********	Date	AGGREGATE	\$4,000,000			
		RETENTION \$Enter Amount					ER LIABILITY UIRED LIMITS		\$			
		RETENTION SERVET AMOUNT	0011		10.110	THE VE REQ	LINE LINE		\$			
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER				
_		ANY PROPRIETOR/PARTNER/EXECU-	_		Date		Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N					BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
A w liab with	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 iability. 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. MPORTANT: 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).											
							Y OF THE ABOVE DESC	CRIBED POLICIES BE CANCELLE	D BEFORE			
The	e Sta	te of Nebraska					ATION DATE THEREOF, NOTICE WILL BE DELIVERED IN NCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED I	REPRESENTATIVE					

Police, Fire & Emergency Weapons, Ammunition & Explosives

A	C	ORD CERTIFIC	ATE OF	LIAB	ILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Зох			AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO ENTATIVE OR PRO	ED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DOUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED IFICATE HOLDER.			
INSU	DED						S AFFORDING CO		NAIC#			
11430	KLD	THE	NAME OF THE INST	IRFD		INSURER A:	Name of Insura	Enter NAIC#				
		Name MUST M	ATCH THE NAME			INSURER B:		ince Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:		ince Company (if applicable)	Enter NAIC#			
, ,	idoi (eny, butte to zip code				INSURER D:		nce Company (if applicable)	Enter NAIC#			
						INSURER E:	Name of Insura	ince Company (if applicable)	Enter NAIC#			
IN C	HIS IS IDICA ERTIF	AGES 5 TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM (TAIN, THE INSURA	OR CONDI	TION O ORDED Y HAV	F ANY CONTI BY THE POL E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H JCED BY PAID CLAIN	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL 1	O WHICH THIS			
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUM	BER		(EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S			
		GENERAL LIABILITY	D . D !! #					EACH OCCURENCE	\$1,000,000			
Α	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #		Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100,000			
		CLAIMS MADE OCCUR			Dute		Bate	PREMISES (Ea occurrence)				
					BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
					CERT		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000			
Α	\square	AUTOMOBILE LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	COMBINED SINGLE LIMIT	\$1,000,000			
А	A ANY AUTO ALL OWNED AUTOS Enter Policy #					Date		(Each Accident) BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS					GLE LIMIT" MUST	BODILY INJURY	_			
		HIRED AUTOS		Perso	E \$1,000,000 -OR- BODILY INJURY (Per rson), BODILY INJURY (Per accident) OR			(Per accident)	\$			
		NON-OWNED AUTOS		PROPE	RTY DA	AMAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
			Enter Policy # (i	f		Effective	Enter Expiration					
			required)		Date		Date	:				
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (i	f		Effective	Enter Expiration	EACH OCCURRENCE	\$9,000,000			
		OCCUR CLAIMS MADE	required)		Date		Date	AGGREGATE	\$9,000,000			
		DEDUCTIBLE					ER LIABILITY UIRED LIMITS		\$			
		RETENTION \$Enter Amount		EKAGES	IOAC	JIIE VE KEQ	CIKED LIMITS		\$			
~		WORKERS COMPENSATION AND	E . D !: #		г.	Ecc .:	E . E	WC STATU- OTH-				
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Policy #		Date	Effective	Enter Expiration Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED?			THE "S	TATUTORY"	BOX MUST BE	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		If yes, describe under Y/N SPECIAL PROVISIONS below					TO HAVING LIMITS LIABILITY LINES					
		SFECIAL FIXOVISIONS DEIOW		11	TILL E	MILOTEKSE	IN IDIEIT I ERVES	E.L. DISEASE - POLICY LIMIT	\$500,000			
A w liabi with	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 iability. 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" MPORTANT: 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											
		ICATE HOLDER				CANCELL	ATION					
The	Sta	te of Nebraska				THE EXPIRA	TION DATE THEREOF, CE WITH THE POLICY F	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	D BEFORE			
						AUTHORIZED	REPRESENTATIVE					

IT, Computer & Software Services

A	Ć	CERTIFIC	ATE O	F LIAB	ILI	TY INS	URANCE		DATE (MM/ Month/D	
Ins Ins Ins	surnce surnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	iox			AND CON CERTIFIC EXTEND (BELOW. 1 A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE C THIS CERTIFICAT ACT BETWEEN T	JED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT	E HOLDER GATIVELY Y THE POL NOT CON , AUTHORI	THIS AMEND, ICIES STITUTE ZED OLDER.
INICI	JRED						AFFORDING CO		NAIC	
		THE	NAME OF THE I	INSURED		INSURER A:	Name of Insura			NAIC#
	ndor I		ATCH THE NA	ME ON THE		INSURER B:		ance Company (if applicable) ance Company (if applicable)		NAIC# NAIC#
		City, State & Zip Code	CONTRACT			INSURER C:		ance Company (if applicable)		NAIC#
						INSURER E:		ance Company (if applicable)		NAIC#
СО	VER	AGES								
II C E	NDICA ERTIF XCLU	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU ICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TEF TAIN, THE INS	RM OR CONDI URANCE AFFO	TION O ORDED Y HAVI	F ANY CONTF BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H ICED BY PAID CLAIM	OCUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL	O WHICH TH	
NSR .TR	ADD'L INSRD	TYPE OF INSURANCE	POLICY	NUMBER		Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs	
A	\boxtimes	GENERAL LIABILITY	Enter Policy	#	Enter	Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000)
-	ובא	COMMERICAL GENERAL LIABILITY			Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
		CLAIMS MADE OCCUR			BE S	URE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000	
		Η—				ASK FOR REI	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000)
		GEN'L AGGREGATE LIMIT APPLIES PER:			CERI	ITTICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000)
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000)
									\$	
Ā	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy	#		Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000)
		ANY AUTO ALL OWNED AUTOS			Date		Date	BODILY INJURY	\$	
		SCHEDULED AUTOS					LE LIMIT" MUST	(Per person) BODILY INJURY		
		HIRED AUTOS					LY INJURY (Per (Per accident) OR	(Per accident)	\$	
		NON-OWNED AUTOS		PROPE	RTY DA	AMAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$	
)	\square	CYBER LIABILITY denial of services; Breach of Privacy	Enter Policy	# (:¢	Enter	Effective	Enter Expiration	EACH CLAIM & AGGREGATE	\$10,000,00	00
,	\bowtie	remediation; fines and penalties Security Breach; virus; unauthorized access	required)	π (II	Date	Litective	Date			
		Loss of use & resulting business interrupt Intellectual property infringement	The St	ate of Nebrask	a must l	be included as	an additional insured	and loss payee ATIMA		
3	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy	# (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000)
-		OCCUR CLAIMS MADE	required)	MAY BE TO	TAL FE	WITH OTH	ER LIABILITY	AGGREGATE	\$4,000,000	
		DEDUCTIBLE RETENTION \$Enter Amount	(UIRED LIMITS		\$	
C		WORKERS COMPENSATION AND	Enter Policy	#	Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER		
_		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Lines I oney		Date	LITCUIVE	Date Expiration	E.L. EACH ACCIDENT	\$500,000	
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N		CHE			BOX MUST BE TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000	
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000	
3		IT PROFESSIONAL LIABILITY	Enter Policy	#	Enter	Effective	Enter Expiration	EACH OCCUR & AGG	\$3,000,000)
F	\boxtimes	CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY	years after th	de coverage, Selle le completion of the liod of at least 5 ye	ne contra	gree to maintain o		EACH OCCUR & AGG	\$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).										
CE	RTIF	ICATE HOLDER				CANCELL				
Th	e Sta	te of Nebraska				THE EXPIRA	TION DATE THEREOF,	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN	ED BEFORE	
							CE WITH THE POLICY I REPRESENTATIVE	TRUVISIUNS.		

Credit Cards Processing Services

A	Ć	CERTIFIC	ATE	OF L	IAB	ILIT	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENI EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER INSURERS AFFORDING COVERAGE NAIC #						
INSU	IRED						INSURER A:	Name of Insur		NAIC # Enter NAIC#			
* 7			NAME OF TI				INSURER B:		ance Company (if applicable)	Enter NAIC#			
		Name Street Address or P.O. Box	ATCH THE CONTRA		THE		INSURER C:		ance Company (if applicable)	Enter NAIC#			
		City, State & Zip Code	CONTRA	ici			INSURER D:		ance Company (if applicable)	Enter NAIC#			
							INSURER E:		ance Company (if applicable)	Enter NAIC#			
TI IN C E	HIS IS IDICA ERTIF XCLU ADD'L	TED. NOTWITHSTANDING ANY REQUING ANY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH PROPERTY.	IREMENT, TAIN, THE OLICIES. LI	TERM OR INSURAN MITS SHO	CONDIT CE AFFO OWN MAY	ION O RDED Y HAVI	V EEEECTIVE POLICY EXPIRATION			O WHICH THIS THE TERMS,			
LTR	INSRD	TYPE OF INSURANCE	POLI	CY NUMBE	:R		(MM/DD/YY)	DATE (MM/DD/YY)	LIMIT				
A	\boxtimes	GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Pol	icy#		Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000			
		CLAIMS MADE OCCUR				BES	LIRE THE DAT	ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
		H—					ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:	C			CERT	TFICATES BEI	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	\$2,000,000			
A						Enter Effective		Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ANY AUTO ALL OWNED AUTOS	Da			Date	MRINED SING	Date LE LIMIT" MUST	BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS HIRED AUTOS			BE \$ Person	1,000,0 n), BOI	00 -OR- BODII OILY INJURY	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS CYBER LIABILITY/TECHNOLOGY E&O			PROPER	RTY DA	MAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D		Denial of services; Breach of Privacy remediation; fines and penalties Security Breach; virus; unauthorized access	Enter Poli required)	icy # (if		Enter Date	Effective	Enter Expiration Date	EACH CLAIM & AGGREGATE	\$10,000,000			
		Loss of use & resulting business interrupt Intellectual property infringement		The Stat	e of Nebras	ska mus	t be included as	an additional insured and	loss payee ATIMA				
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Pol	icy # (if			Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
		OCCUR L CLAIMS MADE DEDUCTIBLE	required)			Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE RETENTION \$Enter Amount						ER LIABILITY UIRED LIMITS		\$			
		RETENTION \$Eliter Amount		COVE	ICTOLD I	One	THE VE KEQ	CIRCLE ENVITS		\$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Pol	icy#			Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER				
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			7	Date THE "S	TATUTORY"	Date BOX MUST BE	E.L. EACH ACCIDENT	\$500,000			
		If yes, describe under Y/N			CHEC	KED I	N ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below			IN	THEE	MPLOTEKS L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
E	_	IT PROFESSIONAL LIABILITY	Enter Pol	icy#		Enter Date	Effective	Enter Expiration Date	EACH OCCUR & AGG	\$5,000,000			
F		& THIRD PARTY FIDELITY	the complet	ion of the co	e, Seller mu	ust agre	e to maintain cov r obtain an exten	verage for 5 years after ded reporting period of	EACH OCCUR & AGG	\$5,000,000			
A w liabi with IMP and	aiver ility. T a cro ORT cond	PTION OF OPERATIONS / LOCAL of subrogation in favor of the State of Nebraska, the Contracting ss liability clause in effect on their beh. ANT: If the certificate holder is an A litions of the policy, certain policies indorsement(s).	at least 5 ye Nebraska ar Agency and alf. This Co DDITION	ears. In the Corl I their office overage is the contract of	ntracting A icers, dire primary t RED, the	Agency ctors, to all o	y is applicable agents and em ther coverage: /(ies) must b	to all policies included iployees are included s the State of Nebras e endorsed. If SUE	l as additional insureds on the ka may possess. BROGATION IS WAIVED, s	and Employer's general liability policy subject to the terms			
CE	RTIF	CATE HOLDER					CANCELL	ATION					
The	Sta	te of Nebraska	_				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
								CE WITH THE POLICY I	PROVISIONS.				
							AUTHORIZED I	REPRESENTATIVE					

Finance, Banking, Billing & Audit Services

A	0	ORD CERTIFIC	ATE OF L	ABILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year	
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	sox		AND CON CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO ENTATIVE OR PRO	LED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NEO OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DOUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED	
11101						AFFORDING CO		NAIC #	
INS	JRED	THE	NAME OF THE INSURE	D	INSURER A:	Name of Insura		Enter NAIC#	
	ndor l	Name MUST M	ATCH THE NAME ON T		INSURER B:		ince Company (if applicable)	Enter NAIC#	
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:		ince Company (if applicable)	Enter NAIC#	
					INSURER D:		ince Company (if applicable)	Enter NAIC#	
CO	VER	AGES			INSURER E:	Name of Insura	nce Company (if applicable)	Enter NAIC#	
T II C	HIS IS NDICA ERTIF	S TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR (TAIN, THE INSURANC	CONDITION O E AFFORDED WN MAY HAV	F ANY CONTE BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL 1	O WHICH THIS	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	'S	
		GENERAL LIABILITY	Enter Deliev: #		Effective		EACH OCCURENCE	\$1,000,000	
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #	Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$100,000	
		CLAIMS MADE OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000	
				BE S		ES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000	
				CERT		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
		POLICY PROJECT LOC						\$	
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000	
	ANY AUTO ALL OWNED AUTOS				MDINED SING	Date LE LIMIT" MUST	BODILY INJURY (Per person)	\$	
		SCHEDULED AUTOS		BE \$1,000,0	000 -OR- BODII	LY INJURY (Per	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS				(Per accident) OR ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$	
D		PROFESSIONAL LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE &	\$1,000,000	
		If claims-made coverage, Seller must agree completion of the contract or project, or obt	ain an extended reporting p	period of at least	-	Date	AGGREGATE	\$1,000,000	
В	\boxtimes	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	Enter Policy # (if required)	Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE	\$4,000,000	
		DEDUCTIBLE	_				AGGREGATE	\$4,000,000	
		RETENTION \$Enter Amount	FOR CONTRACT TO BRING ALL L					\$	
		·	TO BRING FILE E	INDIETT E	ιπτο το φιο	,000,000		\$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	Enter	Effective	Enter Expiration	WC STATU- OTH-		
-		ANY PROPRIETOR/PARTNER/EXECU-	-	Date		Date	E.L. EACH ACCIDENT	\$500,000	
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N			TATUTORY" I N ADDITION T	FO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000	
		SPECIAL PROVISIONS below				IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000	
Е	\boxtimes	CRIME, EMPLOYEE FIDELITY & THIRD PARTY FIDELITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE & AGGREGATE	\$3,000,000	
A with with and of s	aiver ility. To a cro PORT cond uch e	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of Nebraska, the Contracting ss liability clause in effect on their beh. ANT: If the certificate holder is an A litions of the policy, certain policies endorsement(s). ICATE HOLDER	Nebraska and the Contral Agency and their office alf. This Coverage is postilities of the Doltion Alf.	racting Agence ers, directors, rimary to all of ED, the police	y is applicable agents and em other coverage y(ies) must b	to all policies included ployees are included s the State of Nebrash e endorsed. If SUB this certificate does	ing Workers' Compensation as additional insureds on the ta may possess. ROGATION IS WAIVED, s	and Employer's general liability policy subject to the terms	
Th	Sto	te of Nebraska					CRIBED POLICIES BE CANCELLE	D BEFORE	
111	ં ઝાલ	IC OI INCUIASKA			ACCORDAN	CE WITH THE POLICY F	NOTICE WILL BE DELIVERED IN PROVISIONS.		
					AUTHORIZED I	REPRESENTATIVE			

Miscellaneous Professional Services

ACORD'	CERTIFIC	ATE OF L	IABILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Y ear
PRODUCER Insumce Agent/Broker N Insumce Agent/Broker S Insumce Agent/Broker C Contact & Phone Numbe	reet Address or P.O. B ity, State & Zip Code	OX.		AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE INSURERS	FERS NO RIGHTS ATE DOES NOT DR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO NTATIVE OR PRO SAFFORDING CO		E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED IFICATE HOLDER. NAIC #
IN SURED	тиг м	AME OF THE INSURE	m l	INSURER A:	Name of Insura		Enter NAIC#
V endor Name	MUST MA	TCH THE NAME ON		INSURER B:		ance Company (if applicable)	Enter NAIC#
V endor Street Address on V endor City, State & Zip		CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#
· circu city, batte to Esp	0040			INSURER D:		ance Company (if applicable)	Enter NAIC#
00//554.056				INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#
INDICATED. NOTWITHS CERTIFICATE MAY BE EXCLUSIONS AND COI INSR [ADD'L	STANDING ANY REQUI ISSUED OR MAY PERT	REMENT, TERM OR 'AIN, THE INSURANC	CONDITION O CE AFFORDED WN MAY HAVE	F ANY CONTE BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H		O WHICH THIS THE TERMS,
LIN INOND		POLICY NUMBER	R DATE	(MM/DD/YY)	DATE (MWDD/YY)	LIMIT	
	GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
LL CLAIMS N	MADE X OCCUR		BEST	TIRE THE DAT	ES ARE CURRENT:	MED EXP (Any one person)	\$10,000
				ASK FOR RE	PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000
CENT VCCDECV	TE LIMIT APPLIES PER:		CERI	IFICATES BE	ORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000
	PROJECT LOC					PRODUCTS - COMP/OP AGG	s2,000,000
Z 102161	1100201 200						S
A AUTOMOBILE LIA	BILITY	Enter Policy#	Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) BODILY INJURY	\$1,000,000
ALL OWNED	AUTOS		FITHER "CO	MRINEDSING	LE LIMIT" MUST	(Per person)	S
SCHEDULED HIRED AUTO			BE \$1,000,0 Person), BO	00 -OR-BODI DILY INJURY	LY INJURY (Per (Per accident) OR ALL BE \$1,000,000	BODILY INJURY (Per accident) PROPERTY DAMAGE	S
NON-OWNED	AUTOS		TROTERTT DE	IIVIIIOE IVIOS I	THEE DE \$1,000,000	(Per accident)	S
D PROFESSIONA If claims-made completion of the	L LIABILITY coverage, Seller must agree e contract or project, or obta	Enter Policy # (if to maintain coverage for in an extended reporting	3 years after the	Effective	Enter Expiration Date	EACH OCCURRENCE & AGGREGATE	\$1,000,000
B EXCESS/UMBREI		Enter Policy # (if		Effective	Enter Expiration	EACH OCCURRENCE	s
OCCUR	CLAIMS MADE	required)	Date		Date	AGGREGATE	S
DEDUCTIBLE	-T				FFICIENT TO		S
RETENTION	SEnter Amount	BRING ALI	L LIABILITY	LIMITS OF I	O \$5,000,000		s
WORKERS COMP	ENSATION AND	Enter Policy#	E	Effective	Enter Expiration	WCSTATU- OTH-	
C EMPLOYERS' LIA	BILITY R/PARTNER/EXECU-	Enter Foncy #	Enter Date	Firective	Date Expiration	E.L. EACH ACCIDENT	\$500,000
	MBER EXCLUDED?			TATUTORY"		E.L. DISEASE - EA EMPLOYEE	\$500,000
SPECIAL PROVIS					O HAVING LIMITS IABILITY LINES	E.L. DISEASE - POLICY LIMIT	s500,000
						E.E. DISEASE TO COOT BINIT	\$500,000
A waiver of subrogation in liability. The State of Neb- with a cross liability claus IMPORTANT: If the cert	n favor of the State of N naska, the Contracting A sin effect on their beha ificate holder is an Al licy, certain policies r 	ebraska and the Cont Agency and their offic If. This Coverage is p DDITIONAL INSUR	tracting Agency cers, directors, primary to all o ED, the policy	y is applicable agents and em ther coverage y(ies) must b tatement on CANCELL SHOULD AN THE EXPIRA ACCORDAN	to all policies included ployees are included s the State of Nebrasi e endorsed. If SUE this certificate does ATION Y OF THE ABOVE DESC	ROGATION IS WAIVED, s s not confer rights to the ce cribed Policies be cancelle NOTICE WILL BE DELIVERED IN	and Employer's general liability policy subject to the terms rtificate holder in lieu

Training & Education – Classroom

A	Ć	CERTIFIC	ATE OF L	.IABI	LIT	TY INS	URANCE			M/DD/YYYY) Date/Year	
Ins Ins Ins	surnce surnce	R Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Зох			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AN EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICI BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONST A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLD					
INICI	JRED						AFFORDING CO		NAIC		
11431	JKLD	THE	NAME OF THE INSURI	FD	ŀ	INSURER A:	Name of Insura		NAIC#		
		Name MUST M	ATCH THE NAME ON			INSURER B:		ance Company (if applicable)	Enter	NAIC#	
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:	INSURER C: Name of Insurance Company (if applicable)				
* (iluoi	City, State & Zip Code			ļ	INSURER D:	INSURER D: Name of Insurance Company (if applicable) En				
						INSURER E:	Name of Insura	ance Company (if applicable)	Enter	NAIC#	
T II C	HIS IS NDICA ERTI XCLU	AGES 5 TO CERTIFY THAT THE POLICIES OF KITED. NOTWITHSTANDING ANY REQUITED OR MAY PER FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR TAIN, THE INSURANG	CONDITION CE AFFOR DWN MAY	ON OI RDED HAVE	F ANY CONTE BY THE POLI E BEEN REDU	RACT OR OTHER DO ICIES DESCRIBED H ICED BY PAID CLAIM	OCUMENT WITH RESPECT T IEREIN IS SUBJECT TO ALL	O WHICH T	HIS	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBE	R F	POLICY	PEFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs		
		GENERAL LIABILITY	Enter Dol: #					EACH OCCURENCE	\$500,000		
A		COMMERICAL GENERAL LIABILITY	Enter Policy #		Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$		
		CLAIMS MADE OCCUR		-	Dute		Bate	PREMISES (Ea occurrence)			
					BE SU		ES ARE CURRENT;	MED EXP (Any one person)	\$500,000		
		iii			CERT	ASK FOR REI	PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,00		
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,00	00	
		POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	\$		
									\$		
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$		
		ALL OWNED AUTOS			Dute		Date	BODILY INJURY (Per person)	\$100,000		
		SCHEDULED AUTOS HIRED AUTOS		BE \$1	0,000,0	00 -OR- BODII	LE LIMIT" MUST LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$300,000		
		NON-OWNED AUTOS					ALL BE \$1,000,000	PROPERTY DAMAGE	\$100,000		
			-	-				(Per accident)	,,		
			Enter Policy # (if			Effective	Enter Expiration				
			required)		Date		Date				
-		EXCESS/UMBRELLA LIABILITY	E . D I' #/:C		г.	Ticc .:	E · E · ·		_		
В	\bowtie	OCCUR CLAIMS MADE	Enter Policy # (if required)		Date	Effective	Enter Expiration Date	EACH OCCURRENCE	\$		
		DEDUCTIBLE	FOR CONTRACTS O			D THE USE OF		AGGREGATE	\$		
		RETENTION \$Enter Amount	- SUFFICIENT TO						\$		
		NETERTION \$Elect Timounc							\$		
C		WORKERS COMPENSATION AND	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- OTH-			
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Little 1 Officy #		Date	LITCUIVE	Date	E.L. EACH ACCIDENT	\$500,000		
		TIVE OFFICER/MEMBER EXCLUDED?		Т	HE "S		BOX MUST BE				
		If yes, describe under Y/N SPECIAL PROVISIONS below					O HAVING LIMITS IABILITY LINES	E.L. DISEASE - EA EMPLOYEE	\$500,000		
		SPECIAL PROVISIONS DEIOW		114	IIIE E	WILOTEKSE	IABILIT I LINES	E.L. DISEASE - POLICY LIMIT	\$500,000		
A with with and of s	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).										
CE	RTIF	ICATE HOLDER				CANCELL					
Th	e Sta	te of Nebraska				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
					ļ		CE WITH THE POLICY I	PROVISIONS.			
						AUTHORIZED I	REPRESENTATIVE				

Training & Education – Field

_	Ć	ORD' SERTIFIC	ATE OF L	. A D.	LITY INC		Г	DATE (MM/DD/YYYY)	
		CERTIFIC	ATE OF L	IABI	LIIYINS	UKANCE		Month/Date/Year	
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number			AND COI CERTIFIC EXTEND BELOW. A CONTR	NFERS NO RIGHTS CATE DOES NOT OR ALTER THE C THIS CERTIFICAT RACT BETWEEN T	JED AS A MATTER OF IN S UPON THE CERTIFICAT AFFIRMATIVELY OR NEO OVERAGE AFFORDED B 'E OF INSURANCE DOES THE ISSUING INSURER(S) DDUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED	
						S AFFORDING CO		NAIC #	
INSU	JRED				INSURER A:	Name of Insur	ance Company	Enter NAIC#	
		Name MUST M	NAME OF THE INSURE ATCH THE NAME ON T		INSURER B:	Name of Insur	ance Company (if applicable)	Enter NAIC#	
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:	Name of Insur	ance Company (if applicable)	Enter NAIC#	
Ve	ndor	City, State & Zip Code			INSURER D:	Name of Insur	ance Company (if applicable)	Enter NAIC#	
					INSURER E:	Name of Insur	ance Company (if applicable)	Enter NAIC#	
T If C	HIS IS NDIC <i>E</i> ERTI XCLL	AGES TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR (TAIN, THE INSURANC	CONDITI E AFFOR WN MAY	ON OF ANY CONT RDED BY THE POI HAVE BEEN RED	RACT OR OTHER DO LICIES DESCRIBED H UCED BY PAID CLAII	OCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL 1	O WHICH THIS	
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s	
Α	\boxtimes	GENERAL LIABILITY	Enter Policy #		Enter Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000	
Α		COMMERICAL GENERAL LIABILITY	Enter Folicy "		Date	Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
		CLAIMS MADE OCCUR		l,	DE CLIDE THE DA	TES ARE CURRENT;	MED EXP (Any one person)	\$10,000	
		Ц				EPLACEMENT	PERSONAL & ADV INJURY	\$1,000,000	
		□			CERTIFICATES BE	FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
		POLICY PROJECT LOC						\$	
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000	
		ALL OWNED AUTOS					BODILY INJURY (Per person)	\$	
		SCHEDULED AUTOS HIRED AUTOS		BE \$1	R "COMBINED SIN 1,000,000 -OR- BOD 1), BODILY INJURY	ILY INJURY (Per	BODILY INJURY (Per accident)	\$	
		NON-OWNED AUTOS				Γ ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$	
D			Enter Policy # (if overage, Seller must agree e contract or project, or obta	to maintai			EACH OCCURRENCE & AGGREGATE	\$1,000,000	
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if		Enter Effective	Enter Expiration	EACH OCCURRENCE	\$	
_		OCCUR CLAIMS MADE	required)		Date	Date	AGGREGATE	\$	
		DEDUCTIBLE			OVER \$500,000,			\$	
		RETENTION \$Enter Amount	BRING A	ALL LIA	BILITY LIMITS	FO \$5,000,000		\$	
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Enter Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER		
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			Date HE "STATUTORY"	Date BOX MUST BE	E.L. EACH ACCIDENT	\$500,000	
		If yes, describe under Y/N		CHECI	KED IN ADDITION	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000	
		SPECIAL PROVISIONS below		IN	THE EMPLOYER'S	LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000	
A w liab with IMF and of s	raiver ility. ' n a cro PORT I cond uch e	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of In Programmer of Nebraska, the Contracting sess liability clause in effect on their beh ANT: If the certificate holder is an Additions of the policy, certain policies endorsement(s).	Nebraska and the Contr Agency and their offic alf. This Coverage is p DDITIONAL INSURI	racting A ers, direct orimary to ED, the	agency is applicable ctors, agents and er all other coverage policy(ies) must l	e to all policies included in ployees are included in the State of Nebras in endorsed. If SUE in this certificate doe	ting Workers' Compensation at l as additional insureds on the ka may possess. BROGATION IS WAIVED, s	and Employer's general liability policy subject to the terms	
							CRIBED POLICIES BE CANCELLE	D BEFORE	
Th	he State of Nebraska THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								

ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

Temporary Staffing, Background Checks & Other Employment Services

	TIFIC	ATE OF L	IABI	LITY IN	SURANCE		DATE (MM/DD/YYYY) Month/Date/Year
nsurnce Agent/Broker Name nsurnce Agent/Broker Street Addr nsurnce Agent/Broker City, State & Contact & Phone Number				AND C CERTIF EXTEN BELOV A CON	ONFERS NO RIGHT ICATE DOES NOT D OR ALTER THE (I. THIS CERTIFICA IRACT BETWEEN	UED AS A MATTER OF IN S UPON THE CERTIFICA AFFIRMATIVELY OR NE COVERAGE AFFORDED E TE OF INSURANCE DOES THE ISSUING INSURER(S ODUCER, AND THE CER	TE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE), AUTHORIZED
					RS AFFORDING CO		NAIC#
SURED				INSURER	A: Name of Insu	rance Company	Enter NAIC#
endor Name		NAME OF THE INSUR ATCH THE NAME ON		INSURER	3: Name of Insu	rance Company (if applicable)	Enter NAIC#
Vendor Street Address or P.O. Box	MCST M	CONTRACT	, IIIE	INSURER	C: Name of Insu	rance Company (if applicable)	Enter NAIC#
endor City, State & Zip Code				INSURER	Name of Insu	rance Company (if applicable)	Enter NAIC#
				INSURER	: Name of Insu	rance Company (if applicable)	Enter NAIC#
OVERAGES THIS IS TO CERTIFY THAT THE F INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O EXCLUSIONS AND CONDITIONS T ADDT INSRD TYPE OF INSURAN	ANY REQU R MAY PER OF SUCH P	IREMENT, TERM OF TAIN, THE INSURAN	R CONDITION ICE AFFOR OWN MAY	ON OF ANY COI DED BY THE P HAVE BEEN RE OLICY EFFECTIVE	NTRACT OR OTHER DOLICIES DESCRIBED DUCED BY PAID CLA	OCUMENT WITH RESPECT T HEREIN IS SUBJECT TO ALL	O WHICH THIS THE TERMS,
1 1	<u></u>	T OLIO T NOMBI	-"\	DATE (MM/DD/YY)	DATE (MM/DD/YY)		
GENERAL LIABILITY COMMERICAL GENERAL		Enter Policy #		Enter Effective Date	Enter Expiration Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
CLAIMS MADE	OCCUR		I	BE SURE THE D	ATES ARE CURRENT;	MED EXP (Any one person)	\$10,000
				ASK FOR	REPLACEMENT	PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT AP	DI IEC DED:		L	CERTIFICATES	BEFORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000
POLICY PROJECT	_					PRODUCTS - COMP/OP AGG	\$2,000,000
Z FOLICI Z FROJECI Z							\$
AUTOMOBILE LIABILITY ANY AUTO		Enter Policy #		Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000
ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
SCHEDULED AUTOS HIRED AUTOS	EDULED AUTOS EITHER BE \$1		,000,000 -OR- BC	NGLE LIMIT" MUST DILY INJURY (Per LY (Per accident) OR	BODILY INJURY (Per accident)	\$	
NON-OWNED AUTOS					ST ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$
completion	on of the contra	Enter Policy # (if e, Seller must agree to m act or project, or obtain ar	aintain covera			EACH OCCURRENCE & AGGREGATE	\$1,000,000
EXCESS/UMBRELLA LIABILI		Enter Policy # (if		Enter Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000
OCCUR CLAIMS M.	ADE	required)		Date	Date	AGGREGATE	\$1,000,000
DEDUCTIBLE RETENTION \$Enter Ar	nount				HER LIABILITY EQUIRED LIMITS		\$
RETENTION \$EILEI AI	<u>iiouiit</u>	COVE	IKAGES IV	J ACIIL VE KI	QUIRED LIVITIS		\$
WORKERS COMPENSATION EMPLOYERS' LIABILITY	AND	Enter Policy #	1	Enter Effective	Enter Expiration	WC STATU- OTH-	
ANY PROPRIETOR/PARTNER	/EXECU-		1	Date	Date	E.L. EACH ACCIDENT	\$500,000
TIVE OFFICER/MEMBER EXC If yes, describe under	LUDED? Y/N				Y" BOX <u>MUST BE</u> N TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000
SPECIAL PROVISIONS below					S LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000
COMMERCIAL CRIME, EMPL FIDELITY & THIRD PARTY FI		Enter Policy #		Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE & AGGREGATE	\$1,000,000
1 1		IONS / VEHICLES	/ EXCLU			iding Workers' Compensation	and Employer's
ESCRIPTION OF OPERATION waiver of subrogation in favor of the billity. The State of Nebraska, the tith a cross liability clause in effect. Alternate Employer under the World PORTANT: If the certificate hold conditions of the policy, certa such endorsement(s).	he State of I Contracting on their beh orkers Comp	Nebraska and the Cot Agency and their off alf. This Coverage is ensation and Employ DDITIONAL INSUI	icers, direct primary to er's Liabili RED, the p	tors, agents and all other covera ity policy. policy(ies) must. A statement	ges the State of Nebra t be endorsed. If SU on this certificate do	ska may possess. The state of BROGATION IS WAIVED,	Nebraska is endorsed a
waiver of subrogation in favor of tability. The State of Nebraska, the of the across liability clause in effect a Alternate Employer under the Wolfenstein and Conditions of the policy, certains and conditions of the policy.	he State of I Contracting on their beh orkers Comp	Nebraska and the Cot Agency and their off alf. This Coverage is ensation and Employ DDITIONAL INSUI	icers, direct primary to er's Liabili RED, the p	tors, agents and all other covera ity policy. coolicy(ies) must. A statement	ges the State of Nebra t be endorsed. If SU on this certificate do	ska may possess. The state of BROGATION IS WAIVED, as not confer rights to the conference of the confe	Nebraska is endorsed subject to the terms ertificate holder in lie
waiver of subrogation in favor of tability. The State of Nebraska, the tith a cross liability clause in effect. Alternate Employer under the Wolfenstein of the Cartificate hold conditions of the policy, certasuch endorsement(s).	he State of I Contracting on their beh orkers Comp	Nebraska and the Cot Agency and their off alf. This Coverage is ensation and Employ DDITIONAL INSUI	icers, direct primary to er's Liabili RED, the p	tors, agents and all other coverate policy. coolicy(ies) must. A statement CANCE SHOULD THE EXP	ges the State of Nebra t be endorsed. If SU on this certificate doc LLATION ANY OF THE ABOVE DE	SKA MAY POSSESS. The state of BROGATION IS WAIVED, es not confer rights to the conference of the confe	Nebraska is endorsed subject to the terms ertificate holder in lieu

Leases – Nebraska as Lessor/Landlord – Tenant's Insurance Requirements

1	Ć		DATE (MM/DD/YYYY) Month/Date/Year								
In: In: In:	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Sox		AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN T	JED AS A MATTER OF IN 5 UPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT VERAGE	FE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED			
INS	JRED				INSURER A:	Name of Insura	ance Company	Enter NAIC#			
V	ndor		NAME OF THE INSURED IATCH THE NAME OF THE		INSURER B:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box	ance Company (if applicable)	Enter NAIC#							
Ve	ndor	City, State & Zip Code			INSURER D:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
					INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
CC	VER	AGES			•						
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.											
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE	POLICY EXPIRATION	LIMIT	rs			
		GENERAL LIABILITY			(MM/DD/YY)	DATE (MM/DD/YY)	EACH OCCURENCE	\$1,000,000			
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter	Effective	Enter Expiration Date	DAMAGE TO RENTED				
		CLAIMS MADE OCCUR		Date		Daic	PREMISES (Ea occurrence)	\$300,000			
				BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
				CER		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000			
								\$			
A	\boxtimes	ANY AUTO	Enter Policy #	Enter	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS		HER "CO	COMBINED SINGLE LIMIT" MUST		BODILY INJURY (Per person)	\$			
	SCHEDULED AUTOS HIRED AUTOS				00,000 -OR- BODILY INJURY (Per BODILY INJURY (Per accident) OR	BODILY INJURY (Per accident)	\$				
		NON-OWNED AUTOS				ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D	\boxtimes	PROPERTY INSURANCE ALL RISKS OF PHYSICAL DAMAGE	Enter Policy # (if required)	Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE	\$100% OF TENANT IMPROVEMENTS & CONTENTS			
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
	_	OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE				ER LIABILITY		\$			
		RETENTION \$Enter Amount	COVERAGE	10 AC	HIEVE REQ	UIRED LIMITS		\$			
		WORKERS COMPENSATION AND		+-	T-00 :		WC STATU- OTH-				
C		EMPLOYERS' LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	☐ TORY LIMITS ☐ ER	2500.000			
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?				BOX MUST BE	E.L. EACH ACCIDENT	\$500,000			
		If yes, describe under Y/N SPECIAL PROVISIONS below				TO HAVING LIMITS LIABILITY LINES	E.L. DISEASE - EA EMPLOYEE	\$500,000			
_		SPECIAL PROVISIONS DEIOW		NIHEL	WIFLOTEKSE	HABILITT LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
	_										
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 s	uch e	endorsement(s).									
CE	RTIF	ICATE HOLDER			CANCELL						
Th	e Sta	te of Nebraska			THE EXPIRA		CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	ED BEFORE			
l				AUTHORIZED REPRESENTATIVE							
	AUTHORIZED REFRESENTATIVE										

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

A	Ć	CERTIFIC	ATE OF LI	ABILI ⁻	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year			
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	Box		AND CON CERTIFIC EXTEND (BELOW. T A CONTR REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO ENTATIVE OR PRO	IED AS A MATTER OF IN S UPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DOUCER, AND THE CERT	TE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED			
INSL	RED					S AFFORDING CO		Enter NAIC#			
		THE	NAME OF THE INSURED		INSURER A:	Name of Insura	* *				
	ndor I	Name MUST M	ATCH THE NAME OF TH		INSURER B:		ance Company (if applicable)	Enter NAIC#			
		City, State & Zip Code	ANDLORD/LESSOR		INSURER C:		ance Company (if applicable)	Enter NAIC#			
		1			INSURER D:		ance Company (if applicable)	Enter NAIC#			
	VED	AGES			INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
T IN C	HIS IS IDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH PO	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL T	O WHICH THIS							
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs			
		GENERAL LIABILITY	F . B				EACH OCCURENCE	\$1,000,000			
A	\sqcup	COMMERICAL GENERAL LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	DAMAGE TO RENTED	\$			
		CLAIMS MADE OCCUR		Date		Daic	PREMISES (Ea occurrence)	<u> </u>			
				BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
				CER	ASK FOR REI	FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000			
								\$			
A		AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS SCHEDULED AUTOS		EITHER "CO	OMBINED SINGLE LIMIT" MUST		BODILY INJURY (Per person)	\$			
		HIRED AUTOS				LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$			
		NON-OWNED AUTOS	P			ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$			
D		PROPERTY INSURANCE All Risks of Physical Damage, including Mechanical Breakdown Lost rents	Enter Policy # (if required)	Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE	100% OF REPLACEMENT COST			
В	П	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Enter	Effective	Enter Expiration		\$4,000,000			
_		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE				ER LIABILITY		\$			
		RETENTION \$Enter Amount	COVERA	GES TO AC	CHIEVE REQ	UIRED LIMITS		\$			
		WORKERS COMPENSATION AND					WC STATU- OTH-				
C		EMPLOYERS' LIABILITY	Enter Policy #	Enter Date	Effective	Enter Expiration Date	☑ TORY LIMITS ☐ ER				
		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?			TATUTORY"		E.L. EACH ACCIDENT	\$500,000			
		If yes, describe under Y/N SPECIAL PROVISIONS below		CHECKED I	N ADDITION T	TO HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		SPECIAL PROVISIONS below		IN THE E	MPLOYER'S L	IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
IMF and	ORT.	ANT: If the certificate holder is an A litions of the policy, certain policies indorsement(s).	DDITIONAL INSURE	D, the polic	y(ies) must b	e endorsed. If SUB	ROGATION IS WAIVED, s	subject to the terms			
CE	TIF	CATE HOLDER			CANCELL	ATION					
		te of Nebraska			SHOULD AN	Y OF THE ABOVE DESC	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN PROVISIONS.	ED BEFORE			
	AUTHORIZED REPRESENTATIVE										

State Road Right-Of-Way – Cable, Telephone, Etc. Operators

A	Ć		DATE (MM/DD/YYYY) Month/Date/Year								
In: In: In:	surnce surnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	вох		AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CI THIS CERTIFICAT ACT BETWEEN T	JED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED BE OF INSURANCE DOES HE ISSUING INSURER(S) DOUCER, AND THE CERT	TE HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED TIFICATE HOLDER.			
					INSURERS	S AFFORDING CO	VERAGE	NAIC #			
INS	JRED	THE	IAME OF THE INCLIDE	ZD.	INSURER A:	Name of Insura		Enter NAIC#			
	ndor l	Name MUST M	NAME OF THE INSURE ATCH THE NAME ON		INSURER B:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
V	ildoi (Ity, State & Zip Code			INSURER D:	Name of Insura	ance Company (if applicable)	Enter NAIC#			
					INSURER E:	Name of Insura	ance 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 P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs			
		GENERAL LIABILITY		DATE			EACH OCCURENCE	\$1,000,000			
A	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #	Ente Date	r Effective	Enter Expiration Date	DAMAGE TO RENTED	\$300,000			
		CLAIMS MADE OCCUR		Date		Date	PREMISES (Ea occurrence)	· · · · ·			
				BE S		ES ARE CURRENT;	MED EXP (Any one person)	\$10,000			
				CER		PLACEMENT FORE EXPIRATION	PERSONAL & ADV INJURY	\$1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			
		POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000			
								\$			
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #	Ente Date	r Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000			
		ALL OWNED AUTOS		EITUED "CC	MDINED SINC	GLE LIMIT" MUST	BODILY INJURY (Per person)	\$			
		SCHEDULED AUTOS		BE \$1,000,	000 -OR- BODI	LY INJURY (Per	BODILY INJURY (Per accident)	\$			
		HIRED AUTOS				(Per accident) OR ALL BE \$1,000,000	PROPERTY DAMAGE				
		NON-OWNED AUTOS				. , , , , , , ,	(Per accident)	\$			
D		PROPERTY INSURANCE ALL RISKS OF PHYSICAL DAMAGE	Enter Policy # (if required)	Ente Date	r Effective	Enter Expiration Date	EACH OCCURRENCE	100% OF USER'S EQUIPMENT AND IMPROVEMENTS			
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Ente	r Effective	Enter Expiration	EACH OCCURRENCE	\$4,000,000			
_		OCCUR CLAIMS MADE	required)	Date		Date	AGGREGATE	\$4,000,000			
		DEDUCTIBLE				ER LIABILITY		\$			
		RETENTION \$Enter Amount	COVER	RAGES TO AC	CHIEVE REQ	UIRED LIMITS		\$			
C		WORKERS COMPENSATION AND	Enter Policy #	T	r Effective	Enter Evelentia	WC STATU- OTH-				
C		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Enter Folicy #	Date		Enter Expiration Date	E.L. EACH ACCIDENT	\$500,000			
		TIVE OFFICER/MEMBER EXCLUDED?		THE "	STATUTORY"	BOX MUST BE	E.L. DISEASE - EA EMPLOYEE	\$500,000			
		If yes, describe under Y/N SPECIAL PROVISIONS below				TO HAVING LIMITS LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000			
		of Edine Fred Idional Below		II TILD	DO IERO E	III DILITI EII (ED	E.L. DISEASE - POLICY LIMIT	\$300,000			
A with	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										
ĺ		endorsement(s).			CANCELL	.ATION					
		te of Nebraska			SHOULD AN	Y OF THE ABOVE DES	CRIBED POLICIES BE CANCELLE NOTICE WILL BE DELIVERED IN				
1					ACCORDANCE WITH THE POLICY PROVISIONS.						
	AUTHORIZED REPRESENTATIVE										

Handicap Accessible & Special Needs Transportation Services

A	C	ORD CERTIFIC	ATE OF L	IABILI	TY INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year		
Ins Ins Ins	surnce surnce	Agent/Broker Name Agent/Broker Street Address or P.O. E Agent/Broker City, State & Zip Code & Phone Number	Sox		AND CON CERTIFIC EXTEND BELOW. A CONTR REPRESE	IFERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO ENTATIVE OR PRO	LED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NEO OVERAGE AFFORDED B'S HE ISSUING INSURER(S), DDUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED		
						S AFFORDING CO	_	NAIC #		
INSU	JRED	THE	NAME OF THE INSURE	D	INSURER A:	Name of Insura		Enter NAIC#		
	ndor l	Name MUST M	ATCH THE NAME ON		INSURER B:		ance Company (if applicable)	Enter NAIC#		
		Street Address or P.O. Box City, State & Zip Code	CONTRACT		INSURER C:		ance Company (if applicable)	Enter NAIC#		
,,	nuoi v	city, state & Zip code			INSURER D:		ance Company (if applicable)	Enter NAIC#		
-	VED	AGES			INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
T II C	HIS IS NDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR TAIN, THE INSURANC	CONDITION (E AFFORDE	OF ANY CONTI O BY THE POL	RACT OR OTHER DO ICIES DESCRIBED H	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL T	WHICH THIS		
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC	Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S		
		GENERAL LIABILITY	Enter Policy #		r Effective		EACH OCCURENCE	\$1,000,000		
A	\boxtimes	COMMERICAL GENERAL LIABILITY	Enter Policy #	Date		Enter Expiration Date	DAMAGE TO RENTED	\$100,000		
		CLAIMS MADE OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000		
		ABUSE, MOLESTATION AND		BE		TES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000		
		DISCRIMINATION INCLUDED		CER		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000		
		POLICY PROJECT LOC						\$		
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		r Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000		
		ALL OWNED AUTOS		EITHER "CO		Date GLE LIMIT" MUST	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS		BE \$1,000.	000 -OR- BODI	LY INJURY (Per	BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS				(Per accident) OR ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$		
	ш		Enter Policy # (if	Ente	r Effective	Enter Expiration				
			required)	Date	;	Date				
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	Ente	r Effective	Enter Expiration	EACH OCCURRENCE	\$24,000,000		
		OCCUR CLAIMS MADE	FOR PRIVATE PA	SSENGER AU	TO: SUFFICIEN	T TO BRING	AGGREGATE	\$24,000,000		
		DEDUCTIBLE	GENERAL AND AUTO VANS OVER 12 PASSE					\$		
		RETENTION \$Enter Amount	GENERAL AND AU					\$		
C		WORKERS COMPENSATION AND	Enter Policy #	Ento	r Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS CR			
С		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU-	Litter Fortey #	Date		Date Expiration	E.L. EACH ACCIDENT	\$500,000		
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N			STATUTORY"		E.L. DISEASE - EA EMPLOYEE	\$500,000		
		SPECIAL PROVISIONS below				TO HAVING LIMITS LIABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000		
D	\boxtimes	CRIME & EMPLOYEE DISHONESTY AND THIRD PARTY FIDELITY	Enter Policy #	Ente Date	r Effective	Enter Expiration Date	EACH OCCURRENCE & AGGREGATE	\$3,000,000		
A w liab with IMF and of s	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 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

A	Ć	CERTIFIC	ATE OF L	.IABI	LIT	Y INS	URANCE		DATE (MM/DD/YYYY) Month/Date/Year		
Ins Ins Ins	urnce urnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	iox			AND CON CERTIFIC EXTEND C BELOW. T A CONTRA REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO INTATIVE OR PRO	JED AS A MATTER OF IN SUPON THE CERTIFICAT AFFIRMATIVELY OR NE OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) DDUCER, AND THE CERT	E HOLDER. THIS GATIVELY AMEND, Y THE POLICIES NOT CONSTITUTE , AUTHORIZED IFICATE HOLDER.		
INICI	JRED						AFFORDING CO		NAIC #		
INSC	JKED	THE	NAME OF THE INSURI	ED	ŀ	INSURER A:	Name of Insura	1 7	Enter NAIC#		
	ndor l	Name MUST M	ATCH THE NAME ON		ļ	INSURER B:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
		Street Address or P.O. Box City, State & Zip Code	CONTRACT			INSURER C:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
ve	ildoi v	Lity, State & Zip Code				INSURER D:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
						INSURER E:	Name of Insura	ance Company (if applicable)	Enter NAIC#		
COVERAGES											
IN C	NDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER SIONS AND CONDITIONS OF SUCH P	IREMENT, TERM OR TAIN, THE INSURAN OLICIES. LIMITS SHO	CONDITION CE AFFOR	ON OF RDED HAVE	F ANY CONTR BY THE POLI BEEN REDU	RACT OR OTHER DO CIES DESCRIBED H	OCUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL T MS.	O WHICH THIS THE TERMS,		
	INSRD	TYPE OF INSURANCE	POLICY NUMBE			MM/DD/YY)	DATE (MM/DD/YY)	LIMIT	S		
A	\boxtimes	GENERAL LIABILITY	Enter Policy #	Ti	Enter	Effective	Enter Expiration	EACH OCCURENCE	\$1,000,000		
л		COMMERICAL GENERAL LIABILITY	, ,,		Date		Date	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
		CLAIMS MADE OCCUR						MED EXP (Any one person)	\$10,000		
					BE SU	ASK FOR REF	ES ARE CURRENT;	PERSONAL & ADV INJURY	\$1,000,000		
		□			CERT		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:		_				PRODUCTS - COMP/OP AGG	\$2,000,000		
		POLICY PROJECT LOC						TROBOOTO COMITION ACC	, , ,		
		AUTOMOBILE LIABILITY						COMPINED CINICI E LIMIT	\$		
A	\boxtimes	ANY AUTO	Enter Policy #		Enter Date	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident) BODILY INJURY	\$1,000,000		
		ALL OWNED AUTOS		EITHED	"CO	ADINED SING	LE LIMIT" MUST	(Per person)	\$		
		SCHEDULED AUTOS HIRED AUTOS		BE \$1,	,000,0	00 -OR- BODII	LY INJURY (Per Per accident) OR	BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS		PROPERT	'Y DA	MAGE MUST	ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$		
					_	T100 1		(* 5. 55.55)			
	Ш		Enter Policy # (if required)		Enter Date	Effective	Enter Expiration Date				
			required)	'	Date		Date	-			
В	\boxtimes	EXCESS/UMBRELLA LIABILITY	Enter Policy # (if	1	Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$9,000,000		
ь		OCCUR CLAIMS MADE			D		D-4-	AGGREGATE	\$9,000,000		
		DEDUCTIBLE	FOR PRIVATE PASS AND AUTO LIABIL). FOR VANS OVER		\$		
		RETENTION \$Enter Amount	12 PASSENGERS	AND BUSE	ES: SU	FFICIENT TO	BRING GENERAL		\$		
			AND AUT	O LIABILI	TY LI	MITS UP TO \$	25,000,000		\$		
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #	1	Enter	Effective	Enter Expiration	WC STATU- OTH- TORY LIMITS ER			
		ANY PROPRIETOR/PARTNER/EXECU-			Date	DATE ITODAY	Date	E.L. EACH ACCIDENT	\$500,000		
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N					BOX MUST BE O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$500,000		
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$500,000		
D	\boxtimes	CRIME & EMPLOYEE DISHONESTY AND THIRD PARTY FIDELITY	Enter Policy #		Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE & AGGREGATE	\$1,000,000		
A w liab with IMF and of s	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 ability. 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. MPORTANT: 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).										
CE	KIIF	ICATE HOLDER			- 1	CANCELL		CDIDED DOLICIES DE CANCELLE	D REFORE		
The State of Nebraska Should any of the above described policies be cancelle The Expiration date thereof, notice will be delivered in Accordance with the policy provisions.								D REFORE			

Vehicle & Equipment Repair, Maintenance and Fueling Services

A	Ć			ATE (MM/DD/YYYY) Ionth/Date/Year						
Ins Ins Ins	urnce	Agent/Broker Name Agent/Broker Street Address or P.O. B Agent/Broker City, State & Zip Code & Phone Number	ox			AND CON CERTIFIC EXTEND O BELOW. T A CONTRA REPRESE	FERS NO RIGHTS ATE DOES NOT OR ALTER THE CO THIS CERTIFICAT ACT BETWEEN TO	JED AS A MATTER OF IN S UPON THE CERTIFICAT AFFIRMATIVELY OR NO OVERAGE AFFORDED B E OF INSURANCE DOES HE ISSUING INSURER(S) OVERAGE	GATI GATI Y TH S NOT), AU	OLDER. THIS VELY AMEND, E POLICIES I CONSTITUTE THORIZED
INSU	JRED					INSURER A:	Name of Insura			Enter NAIC#
1 7			AME OF THE INS			INSURER B:		ance Company (if applicable)		Enter NAIC#
	ndor l ndor s	Street Address or P.O. Box	ATCH THE NAME CONTRACT	ON THE		INSURER C:		ance Company (if applicable)		Enter NAIC#
		City, State & Zip Code	CONTRACT			INSURER D:		ance Company (if applicable)		Enter NAIC#
						INSURER E:		ance Company (if applicable)		Enter NAIC#
СО	VER	AGES						7		
IN C	IDICA ERTIF	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER' SIONS AND CONDITIONS OF SUCH PO	IREMENT, TERM FAIN, THE INSUR	OR CONDIT	TION O	F ANY CONTR BY THE POLI	RACT OR OTHER DO CIES DESCRIBED H	OCUMENT WITH RESPECT T IEREIN IS SUBJECT TO ALL	O WH	ICH THIS
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUM	MBER		(MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs	
		GENERAL LIABILITY	Enter Deliev #					EACH OCCURENCE	\$1,0	000,000
Α	\bowtie	COMMERICAL GENERAL LIABILITY	Enter Policy #		Date	Effective	Enter Expiration Date	DAMAGE TO RENTED		00.000
		CLAIMS MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)		0,000
		□			BE S	URE THE DAT ASK FOR REF	ES ARE CURRENT;	PERSONAL & ADV INJURY	+ -	000,000
					CERT		FORE EXPIRATION	GENERAL AGGREGATE	+	000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	+	000,000
		POLICY PROJECT LOC							\$,
A	\boxtimes	AUTOMOBILE LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	COMBINED SINGLE LIMIT (Each Accident)		000,000
		ANY AUTO			Date		Date	BODILY INJURY	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS			BES	\$1,000,0	000 -OR- BODII	LE LIMIT" MUST LY INJURY (Per	(Per person) BODILY INJURY	\$	
		HIRED AUTOS NON-OWNED AUTOS					Per accident) OR ALL BE \$1,000,000	(Per accident) PROPERTY DAMAGE (Per accident)	\$	
		GARAGE/GARAGEKEEPER'S LIABILITY					,	EACH ACCIDENT		000,000
D	\bowtie	INCLUDING GARAGES	Enter Policy # (i required)	f	Enter Date	Effective	Enter Expiration Date	AGGREGATE	+	000,000
		ENDORSEMENT (CA 25 14)	requirea		Dute		<i>Succ</i>	DIRECT PRIMARY COVER INCL. COMPREHENSIVE & COLLISION	SUF ALL INS	FFICIENT TO COVER VEHICLES IN THE URED'S CARE OR STODY
В	\boxtimes	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	Enter Policy # (i	f		Effective	Enter Expiration	EACH OCCURRENCE	\$4,0	000,000
		OCCUR CLAIMS MADE DEDUCTIBLE	required)	D CONTD AC	Date	ED \$500,000, \$	Date UFFICIENT TO	AGGREGATE	_	000,000
		RETENTION \$Enter Amount				TY LIMITS UP			\$	
									\$	
О		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Enter Policy #		Enter	Effective	Enter Expiration	WC STATU- TORY LIMITS OTH- ER		
-		ANY PROPRIETOR/PARTNER/EXECU-			Date		Date	E.L. EACH ACCIDENT	\$50	00,000
		TIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Y/N				TATUTORY" E N ADDITION T	O HAVING LIMITS	E.L. DISEASE - EA EMPLOYEE	\$50	00,000
		SPECIAL PROVISIONS below					IABILITY LINES	E.L. DISEASE - POLICY LIMIT	\$50	00,000
Е	\square	CONTRACTOR'S POLLUTION	Enter Policy #		Enter	Effective	Enter Expiration	EACH OCCURRENCE	\$1.0	000,000
ь		LIABILITY	Enter Folloy		Date	Liteeuve	Date	AGGREGATE		000,000
		INCL.NON-OWNED DISPOSAL SITES							1,	,
A with	aiver ility. To a cro ORT cond	PTION OF OPERATIONS / LOCAT of subrogation in favor of the State of Nebraska, the Contracting assaliability clause in effect on their behadant: If the certificate holder is an A litions of the policy, certain policies is	Vebraska and the CAgency and their all. This Coverage	Contracting officers, directions is primary	Agency ectors, to all o	y is applicable agents and em ther coverages y(ies) must be	to all policies included ployees are included the State of Nebrasl e endorsed. If SUB	ling Workers' Compensation as additional insureds on the ka may possess.	and E gener	ral liability policy
		ndorsement(s).				CANCELL	ATION			
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 R	REPRESENTATIVE			

Car Wash and Vehicle Cleaning Services

_	Ć	ORD' CERTIFIC		LAD		TV INC		ſ	DATE (MM/DD/YYYY)		
DD	DDUCE	CERTIFIC	ATEOFL	IAB	ILI			IED AS A MATTER OF IN	Month/Date/Year		
In In In	surnce surnce	e Agent/Broker Name Agent/Broker Street Address or P.O. I Agent/Broker City, State & Zip Code & Phone Number				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.					
						INSURERS	S AFFORDING CO		NAIC #		
INS	URED	THE	NAME OF THE INSUE	DED		INSURER A:	Name of Insura		Enter NAIC#		
			IATCH THE NAME OF			INSURER B:		ance Company (if applicable)			
		City, State & Zip Code	CONTRACT			INSURER C:		ance Company (if applicable)			
						INSURER D:		ance Company (if applicable) ance Company (if applicable)			
CC	VER	AGES				INSOILER E.	Tvaine of moure	ince Company (ii applicable)	Enter WATC#		
1 (E	HIS IS NDIC <i>E</i> CERTII EXCLU	S TO CERTIFY THAT THE POLICIES OF ATED. NOTWITHSTANDING ANY REQU FICATE MAY BE ISSUED OR MAY PER ISIONS AND CONDITIONS OF SUCH P	JIREMENT, TERM OF TAIN, THE INSURAN	R CONDI	TION O ORDED Y HAVI	F ANY CONTI BY THE POL E BEEN REDU	RACT OR OTHER DC ICIES DESCRIBED H JCED BY PAID CLAIN	CUMENT WITH RESPECT T EREIN IS SUBJECT TO ALL	O WHICH THIS		
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMB	ER		(EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs		
A	\boxtimes	GENERAL LIABILITY COMMERICAL GENERAL LIABILITY	Enter Policy #		Enter Date	Effective	Enter Expiration Date	EACH OCCURENCE DAMAGE TO RENTED	\$1,000,000 \$100,000		
		CLAIMS MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000		
					BE S		TES ARE CURRENT; PLACEMENT	PERSONAL & ADV INJURY	\$1,000,000		
		LJ			CERT		FORE EXPIRATION	GENERAL AGGREGATE	\$2,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000		
		POLICY PROJECT LOC							\$		
A	\boxtimes	AUTOMOBILE LIABILITY ANY AUTO	Enter Policy #		Enter	Effective	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Accident)	\$1,000,000		
		ALL OWNED AUTOS	BE \$			MRINED SING	GLE LIMIT" MUST	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS HIRED AUTOS			\$1,000,0	00 -OR- BODI	LY INJURY (Per (Per accident) OR	BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS					ALL BE \$1,000,000	PROPERTY DAMAGE (Per accident)	\$		
D	\boxtimes	GARAGE/GARAGEKEEPER'S LIABILITY	Enter Policy # (if		Enter	Effective	Enter Expiration	EACH ACCIDENT	\$1,000,000		
		INCLUDING GARAGES ENDORSEMENT (CA 25 14)	required)		Date		Date	AGGREGATE	\$2,000,000		
								DIRECT PRIMARY COVER INCL. COMPREHENSIVE & COLLISION	SUFFICIENT TO COVER ALL VEHICLES IN THE INSURED'S CARE OR CUSTODY		
В	\boxtimes	OCCUR CLAIMS MADE	Enter Policy # (if		Enter Date	Effective	Enter Expiration Date	EACH OCCURRENCE	\$4,000,000		
		DEDUCTIBLE	required)	CONTRA		FR \$500 000 S	SUFFICIENT TO	AGGREGATE	\$4,000,000		
		RETENTION \$Enter Amount					TO \$10,000,000		\$		
<u> </u>		WORKERS COMPENSATION AND	D . D		-	Tee :	P . P	WC STATU- OTH-	\$		
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_		CONTRACTOR'S POLLUTION	Enter Policy #			Effective	Enter Expiration	EACH OCCURRENCE	\$1,000,000		
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						ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					

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

A	C	CERTIFIC	ATE OF L	.IABIL	ITY INS	URANCE		Month/Date/Year		
	DUCE	R Agent/Broker Name			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					
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					ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					

Meals-on-Wheels and Other Non-Medical Residential Services

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

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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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