

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER <b>INSPRO Insurance</b> P.O. Box 6847 Lincoln, NE 68506 402 483-4500	CONTACT NAME: <b>Lucas T Siel, CIC, CISR, AFIS</b>
	PHONE (A/C, No, Ext): <b>402-483-4500</b> FAX (A/C, No): <b>402-483-7977</b> E-MAIL ADDRESS: <b>lsiel@insproins.com</b>
INSURED <b>Hausmann Construction, Inc.</b> 8885 Executive Woods Dr Lincoln, NE 68512	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Employers Mutual Insurance</b> <b>21415</b>
	INSURER B : <b>Midwest Builders' Casualty Mutual Co</b> <b>13126</b>
	INSURER C : <b>Travelers Insurance Company</b> <b>25615</b>
	INSURER D : <b>Evanston Insurance Company</b> <b>27960</b>
	INSURER E : INSURER F :

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	3N47416	10/28/2020	10/28/2021	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$500,000 MED EXP (Any one person)      \$10,000 PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS - COMP/OP AGG      \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	3E47416	10/28/2020	10/28/2021	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	3J47416	10/28/2020	10/28/2021	EACH OCCURRENCE      \$10,000,000 AGGREGATE      \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC10000039252020A	10/28/2020	10/28/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$1,000,000 E.L. DISEASE - EA EMPLOYEE      \$1,000,000 E.L. DISEASE - POLICY LIMIT      \$1,000,000
C	Rented/Leased Eq			QT6608A134410COF	10/28/2020	10/28/2021	500,000
C	Install Floater			QT6608A134410COF	10/28/2020	10/28/2021	5,000,000
D	Pollution/E&O			MMAENV002442	05/10/2021	05/10/2023	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 See Page 2  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Woodbury County Law Enforcement Center Authority 620 Douglas Street Sioux City, IA 51101	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (Continued from Page 1)

**General Liability:**

Blanket Additional Insured, when required by written contract.

- Includes Completed Operations

- Includes Primary and Non-contributory

Blanket Waiver of Subrogation, when required by written contract.

**Workers Compensation:**

Blanket Waiver of Subrogation, when required by written contract.

**Automobile Liability:**

Blanket Additional Insured, when required by written contract.

- Includes Primary and Non-contributory

Blanket Waiver of Subrogation, when required by written contract.

A 30 day notice of cancellation is provided for the Certificate Holder.

To the fullest extent permitted by law and subject to conditions, limitations and exclusions identified in Paragraph 3.18 - Indemnification, coverage will protect, indemnify, and hold the Owner from and against claims and liabilities for injury to or death of persons or damage to property caused or alleged to have been caused by negligent acts or omissions of the principal Contractor or of his subcontractors, including the direct or indirect agents and employees of the principal Contractor and his subcontractors and arising from operations under this Contract.

The insurance company and the insured expressly agree and state that the purchase of this policy of insurance does not waive any of the defense of governmental immunity available to the insured under Iowa Code Section 670.4 as it now exists or may be amended from time to time.

The insurance company and the insured expressly agree and state that the granting additional insured status on this policy of insurance does not waive any of the defense of governmental immunity available to the Woodbury County Law Enforcement Authority under Iowa code Chapter 670 as it now exists or may be amended from time to time.