



City of Grand Island

Tuesday, September 28, 2021

Council Session

Item G-2

Approving Garbage Permits for Heartland Disposal and Mid-Nebraska Disposal, Inc. and Refuse Permits for Full Circle Rolloffs, Trash Bee Gone and O'Neill Transportation and Equipment, LLC

Staff Contact: RaNae Edwards

Council Agenda Memo

From: RaNae Edwards, City Clerk
Meeting: September 28, 2021
Subject: Approving Garbage and Refuse Haulers Permits
Presenter(s): RaNae Edwards, City Clerk

Background

Grand Island City Code Section 17-15 allows for the Collection, Transportation, and Disposal of Garbage and/or Refuse. These permits are effective October 1 through September 30 of each calendar year.

Discussion

The following businesses have submitted applications for renewal for 2020/2021:

Heartland Disposal, Inc., 1839 East 4 th Street	Garbage
Mid-Nebraska Disposal, Inc., 3080 West 2 nd Street	Garbage
Full Circle Rolloffs, 1839 East 4 th Street	Refuse
O'Neill Transportation and Equipment, 7100 West Old Potash Hwy	Refuse
Trash Bee Gone; 119 W Koenig Street	Refuse

All City Code requirements have been met by these businesses.

Alternatives

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

1. Approve the renewal for garbage/refuse permits.
2. Disapprove or deny the renewals.
3. Modify the renewals to meet the wishes of the Council.
4. Table the issue

Recommendation

City Administration recommends that the Council approve the renewals for garbage/refuse permits for 2021/2022.

Sample Motion

Move to approve the renewal for garbage/refuse permits for 2021/2022.

Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
 b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name Heartland Disposal Inc
 Business Address 1839 E 4th St. Grand Island NE 68801
 Business Telephone 308-382-1683

b. Miscellaneous Information:

- * Public Complaint Telephone (Sec. 17-19) 308-382-1683
 * Name Used on Vehicles (Sec. 17-18) Heartland Disposal

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

c. Non-resident Individual or Corporation

Tom Ummel - 539 S Shady Bend Rd
Grand Island NE 68801
 Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
 b. Certificate of Insurance (Section 17-29)
 c. Performance Bond – Garbage Haulers Only (Section 17-30)
 d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
 e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
 f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9-15-21
Date

Tom Ummel
Signature of Applicant

Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

Mid-Nebros (9) Dispos (Inc)

Business Address

3080 W 2nd Grand Island, NE 68803

Business Telephone

(308) 388-7053

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

(308) 388-7053

* Name Used on Vehicles (Sec. 17-18)

Same As Above

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

Chris Woodward
131 McRison Rd G.I., NE 68801

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-18)
- b. Certificate of Insurance (Section 17-21) on file
- c. Performance Bond – Garbage Haulers Only (Section 17-22) on file
- d. License Fee: **Garbage - \$225.00; Refuse - \$75.00** (Section 17-15)
- e. Appointment of Resident Agent, if applicable (Section 17-16)
- f. Equipment Inspection/Certificate from Health Department (Section 17-18) Will send when we receive it

9/16/21

Date

[Signature]

Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2021

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

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

PRODUCER Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207 INSURED Mid-Nebraska Disposal, Inc. 3080 W 2nd St Grand Island, NE 68803	1-800-247-7756 CONTACT NAME: Bailey Reiling PHONE: _____ (A/C, No, Ext): _____ E-MAIL: BReiling@holmesmurphy.com ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: AMCO INS CO NAIC # 19100 INSURER B: MIDWEST BUILDERS CAS MUT CO 13126 INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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COVERAGES **CERTIFICATE NUMBER: 61653619** **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 INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			ACP GLAO 3076542002	04/01/21	04/01/22	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MFD EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> H'RED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CA-9948 <input checked="" type="checkbox"/> MCS-90			ACP BAA 3076542002	04/01/21	04/01/22	COMBINED SINGLE LIMIT (Per 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS			ACP CAA 3076542002	04/01/21	04/01/22	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WC100-0002724-20210A	04/01/21	04/01/22	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Insurance Verification - Proof of Coverage

CERTIFICATE HOLDER City of Grand Island Attn: Renae Edwards City Hall 100 E First St Grand Island, NE 68801 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)
 ktornbergwdm
 61653619

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Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

Full Circle Rolloffs

Business Address

1839 E 4th St. Grand Island NE 68801

Business Telephone

308-384-4418

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308-384-4418

* Name Used on Vehicles (Sec. 17-18)

Full Circle Rolloffs

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

Tom Ummel - 539 S Shady Bend Rd

c. Non-resident Individual or Corporation

Grand Island NE 68801

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9-14-21

Date

Tom Ummel

Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2021

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

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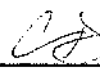
PRODUCER UNICO Group, Inc. 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Edgar Mateo PHONE (A/C, No, Ext): (402) 434-7200 E-MAIL ADDRESS: emateo@unicogroup.com	FAX (A/C, No): (402) 434-7272
	INSURER(S) AFFORDING COVERAGE	
INSURED Heartland Disposal, Inc. 1839 East 4th Street Grand Island NE 68803	INSURER A: Midwest Family Mutual Ins Co.	NAIC # 23574
	INSURER B: Midwest Builder's Casualty	NAIC # 13126
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21-22 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 INSD	SCR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPNE0560122592	06/29/2021	06/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP. CP A&G \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPNE0560122592	06/29/2021	06/29/2022	COMBINED SINGLE LIMIT (Per 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 <input type="checkbox"/> LED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPNE0560122592	06/29/2021	06/29/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC100-C003039-2021A	06/29/2021	06/29/2022	<input checked="" type="checkbox"/> PER STATUS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISE/SE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER City of Grand Island 100 East First Street Grand Island NE 68801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2016/03)

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OLD REPUBLIC SURETY GROUP

1415 28TH STREET SUITE 420
WEST DES MOINES, IA 50266
800-247-2312

CONTINUATION CERTIFICATE

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
RLP5427337	GARBAGE HAULER	50,000	6/08/2021	6/08/2022

PRINCIPAL

HEARTLAND DISPOSAL
1839 E 4TH ST
GRAND ISLAND, NE 68801

OBLIGEE

CITY OF GRAND ISLAND
CITY HALL
100 E FIRST ST
GRAND ISLAND, NE 68801

ORIGINAL FOR BOND RENEWAL

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES ON IT AND ANY AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

SIGNED AND DATED THIS FOURTEENTH DAY OF SEPTEMBER, 2021

40-1361
UNICO GROUP, INC.
1128 LINCOLN MALL STE 200
LINCOLN, NE 68508



OLD REPUBLIC SURETY COMPANY
SURETY

402-434-7200

By _____

DRSC 220548 (7/2015)

Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
- b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

Trash Bee Gone

Business Address

119 W Keating

Business Telephone

(308) 379-8251

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

* Name Used on Vehicles (Sec. 17-18)

Wilmer Mendoza / Kenia Murillo

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

4425 Marich ave GE NE 68801

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
- b. Certificate of Insurance (Section 17-29)
- c. Performance Bond – Garbage Haulers Only (Section 17-30)
- d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
- e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
- f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9-16-21

Date



Signature of Applicant

Progressive
P. O. Box 94739
Cleveland, OH 44101

1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 02485329-2

Underwritten by:
Progressive Northern Insurance Co
September 16, 2021
Page 1 of 1

Certificate of Insurance

Certificate Holder

KENIA HERNANDEZ
4925 MERRICK AVE
GRAND ISLAND, NE 68801

Insured

KENIA HERNANDEZ
4925 MERRICK AVE
GRAND ISLAND, NE 68801

Agent/Surplus Lines Broker

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 11, 2021

Policy Expiration Date: Feb 11, 2022

Insurance coverage(s)

Limits

Bodily Injury/Property Damage	\$25,000/\$50,000/\$25,000
Uninsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Bodily Injury	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2004 FORD F450 SUPER DUTY 1FDXF47P04EC59339

Medical Payments \$5,000

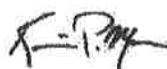
2001 INTL 490 1HTSDAAL91H390212

Comprehensive \$5,000 Ded

Collision \$5,000 Ded

Certificate number

25921A15329



Form 5241 (10/02)

Application for Haulers License

1 Type of License Required:

- a. **Garbage Haulers License** (entitles licensee to collect and transport both garbage and refuse)
 b. **Refuse Haulers License** (entitles licensee to haul only refuse)

2 Identification of Applicant:

a. Individual or Firm Identification

Business Name

O'Neill Transportation.

Business Address

7100 West Old Potash Hwy

Business Telephone

Ada AK 68810 308-384-1690.

b. Miscellaneous Information:

* Public Complaint Telephone (Sec. 17-19)

308-384-1690

* Name Used on Vehicles (Sec. 17-18)

O'Neill Transportation.

3 Residency Certification:

a. Individual Applicant – Resident of Hall County

Name and Home Address of Individual:

b. Partnership or Corporation of Hall County

Name and Address of Resident Partner/Officer:

c. Non-resident Individual or Corporation

Name and Home Address of Appointed Resident Agent:

3 Required Documents to be Furnished:

- a. List of Vehicles (Section 17-26)
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 d. License Fee: **Garbage - \$250.00; Refuse - \$100.00** (Section 17-23)
 e. Appointment of Resident Agent, if applicable (Section 17-24 (D))
 f. Equipment Inspection/Certificate from Health Department (Section 17-26 (B))

9/17/2021
Date


Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/26/2021

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

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PRODUCER FNIC Group PO Box 45279 Omaha NE 68145	CONTACT NAME: Rosemary Johns PHONE (A/C, No, Ext): (402) 861-7000 E-MAIL ADDRESS: rosemary.johns@fnicgroup.com FAX (A/C, No): (402) 861-7111
INSURED O'Neill Transportation & Equipment LLC Po Box 290 Alda NE 68810-0290	INSURER(S) AFFORDING COVERAGE INSURER A: Columbia Mutual Insurance INSURER B: Gray Surplus INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2172655952 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.

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMPNE0000016039	07/25/2021	07/25/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Employment Practices \$ 100,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAPNE0000016039	07/25/2021	07/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			GSL100227	07/25/2021	07/25/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Hall County Building Inspection Dept 2807 W 2nd St Grand Island NE 68803	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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04/15/2021

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

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

PRODUCER	CONTACT NAME: Rosemary Johns
INSUR	PHONE (A/C, No, Ext): (308) 382-8000 FAX (A/C, No): (308) 384-3417
1004 N Diers Ave Ste 140	E-MAIL ADDRESS: rjohns@insurinc.com
PO Box 5684	
Grand Island NE 68802-5884	
INSURED	INSURER(S) AFFORDING COVERAGE
O'Neill Transportation & Equipment, LLC; O'Neill Wood Resources	INSURER A: Midwest Builders' Casualty Mutual
P O Box 290	INSURER B:
	INSURER C:
	INSURER D:
Alda NE 68810	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2111953138 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	WC100-0002510-2021A	02/01/2021	02/01/2022	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Hall County Building Inspection Dept. 2807 W 2nd St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Grand Island NE 68803	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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