

AGREEMENT

THIS AGREEMENT is entered into by and between Men with Dreams, hereinafter referred to as “the Contractor,” and the County of Lancaster, Nebraska, for the Lancaster County Youth Services Center (“Youth Services Center”), hereinafter referred to as “the County.” Collectively the County and the Contractor may be referred to as “the Parties,” and individually each may be referred to as a “Party.”

WHEREAS, the County is desirous of professional services to provide certain educational curriculum to juveniles housed at the Youth Services Center; and

WHEREAS, the Contractor is qualified with the necessary skills, expertise and experience to meet those needs;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, it is agreed between the Parties as follows:

1) Length. The length of this Agreement shall be from August 1, 2018 through September 30, 2018.

2) Purpose. To provide structured learning activities that focus on community building and the core of community—positive healthy relationships and accountability. Such activities are described in Attachment A to this Agreement, which Attachment is attached hereto and incorporated herein by this reference.

3) Contractor Services. The Contractor shall teach youth housed at the Youth Services Center through their structured learning activities.

4) County Responsibilities. The County shall be responsible for providing classroom space and classroom equipment.

5) Class Details. Contractor and the Director of the Youth Services Center shall agree in writing on the details of classes, including but not limited to: class size, dates, duration, and composition; classroom rules and expectations; and rescheduling of classes.

6) Background Check. Contractor will be required to complete an application provided by the Youth Services Center and will be subject to a background check, including but not limited to a check of the following sources:

- A. The Sex Offender Registry maintained by the Nebraska State Patrol;
- B. The Nebraska Child Abuse and Neglect Central Register;
- C. The Nebraska Adult Abuse and Neglect Central Register;
- D. The Nebraska Department of Motor Vehicles; and
- E. NCIC/NCIS criminal history check.

Background check results shall be reviewed by the Youth Services Center. Contractor's performance under this Agreement is subject to the express condition precedent of the Youth Services Center's approval of Contractor's background check results, approval of which shall not be unreasonably withheld. In the event that Youth Services Center does not approve Contractor's background check results, no legal relation shall arise between the Parties with under this Agreement.

7) Youth Services Center Rules. Contractor will adhere to applicable rules, regulations, and policies of the Youth Services Center while performing under this Agreement at the Youth Services Center. The Youth Services Center will review the applicable rules, regulations, and policies with Contractor.

8) Compensation. The Parties agree that Contractor will not receive any monetary compensation for the services provided. Furthermore, the County shall not be responsible for the direct payment of any wages, insurance or fringe benefits, including but not limited to vacation, overtime, retirement benefits, workers' compensation insurance and unemployment insurance.

9) Independent Contractor. It is the express intent of the Parties that this Agreement shall not create an employer-employee relationship. Employees of the Contractor shall not be deemed to be employees of the County and employees of the County shall not be deemed to be employees of the Contractor. The Contractor and the County shall be responsible to their respective employees for all salary and benefits. Neither the Contractor's employees nor the County's employees shall be entitled to any salary or wages from the other Party or to any benefits made to their employees, including, but not limited to, overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.

10) Assignment. Contractor shall not assign its duties and responsibilities under this Agreement without the express written permission of the County. Any assignment without such express written permission shall be absolutely void.

11) Hold Harmless. Each Party agrees to indemnify and hold harmless, to the fullest extent allowed by law, the other Party and its principals, officers, and employees from and against all claims, demands, suits, actions, payments, liabilities, judgments and expenses (including court-ordered attorneys' fees), arising out of or resulting from the acts or omissions of their principals, officers, or employees in the performance of this Agreement. Liability includes any claims, damages, losses, and expenses arising out of or resulting from performance of this Agreement that results in any claim for damage whatsoever including any bodily injury, civil rights liability, sickness, disease, or damage to or destruction of tangible property, including the loss of use resulting therefrom. Further, each Party shall maintain a policy or policies of insurance (or a self-insurance program), sufficient in coverage and amount to pay any judgments or related expenses from or in conjunction with any such claims. Nothing in this Agreement shall require either Party to indemnify or hold harmless the other Party from liability for the negligent or wrongful acts or omissions of said other Party or its principals, officers, or

employees.

12) Insurance. The Contractor shall, prior to beginning work, provide proof of insurance coverage in a form satisfactory to the County, which shall not withhold approval unreasonably. The coverages and minimum levels required by this Agreement are set forth below and shall be in effect for all times that work is being done pursuant to this Contract. No work pursuant to this Agreement shall begin until all insurance obligations herein are met to the satisfaction of the County, which shall not unreasonably withhold approval. Self-insurance shall not be permitted unless consent is given by the County prior to execution of the Agreement. Deductible levels shall be provided in writing from the Contractor's insurer and will be no more than \$10,000.00 per occurrence.

(a) Workers' Compensation. The Contractor shall provide proof of workers' compensation insurance of not less than minimum statutory requirements under the laws of the State of Nebraska and any other applicable State. The Contractor shall provide the County with an endorsement for waiver of subrogation. The contractor shall also be responsible for ensuring that all subcontractors have workers' compensation insurance for their employees before and during the time any work is done pursuant to this Contract.

(b) Commercial General Liability. The Contractor shall provide proof of Commercial General Liability Insurance with the coverages and at the minimum limits set forth herein. These minimum limits can be met by primary and umbrella liability policies. Coverage shall include: Premises-Operations, Products/ Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury and shall be no less than \$1,000,000 Each Occurrence and \$2,000,000 Aggregate. Such coverage shall be endorsed for the general aggregate to be on a **PER PROJECT** basis, and the contractor shall provide an additional insured endorsement acceptable to the County. The description of operations must state "Blanket coverage for all projects and operations of Contractor" or similar language that meets the approval of the County, which approval shall not be unreasonably withheld.

(c) Automobile Liability. The Contractor and any employees employed in the performance of this Agreement shall provide proof of personal Automobile coverage.

(d) Additional Insured. An Additional Insured endorsement shall be provided to County naming County as additional insureds, under the commercial general liability policy. Said insurance shall be written on an **OCCURRENCE** basis, and shall be **PRIMARY, with any insurance coverage maintained by the County being secondary or excess**.

(e) Certificates. The Contractor shall provide certificates of insurance and endorsements evidencing compliance with these requirements. Upon request, the Contractor shall furnish a full and complete copy of any policy of insurance (other than workers' compensation), required by this Contract, to the County within a reasonable time, not to exceed thirty days. The certificates of insurance shall provide for at least thirty (30) days' firm written notice in the event of cancellation. Intent to notify is not

acceptable. During the term of the Agreement and during the period of any required continuing coverages, the Contractor shall provide, prior to expiration of the policies, certificates and endorsements evidencing renewal insurance coverages. The Parties agree that the failure of County to object to the form of a certificate and/or additional insured endorsement provided shall not constitute a waiver of this requirement.

(f) **Minimum Scope of Insurance.** All Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted otherwise.

(g) **Sovereign Immunity.** Nothing contained in this Section or other Sections of this Agreement shall be construed to waive the Sovereign Immunity of the County.

13) **Severability.** If any portion of this Agreement is held invalid, the remainder hereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law.

14) **Equal Employment Opportunity.** Contractor agrees that in providing services pursuant to this Agreement, it shall not discriminate against any employee, applicant for employment, or any other person on the basis of race, color, religion, sex, disability, national origin, age, marital status, receipt of public assistance, or any other basis prohibited by applicable state or federal law.

15) **Termination.** This Agreement may be terminated without penalty at any time by either Party giving thirty (30) days written notice.

16) **Governing Law.** The laws and jurisdiction of the State of Nebraska shall govern any disputes or issues regarding the terms and conditions of this agreement. The Parties further agree that they shall be subject to the jurisdiction of the State of Nebraska.

17) **Entire Agreement.** The Parties hereby agree that this Agreement constitutes the entire understanding of the Parties and supersedes all prior contractors, agreements and negotiations between the Parties whether verbal or written.

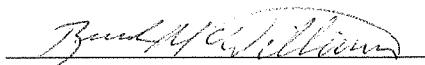
18) **E-Verify.** In accordance with Neb. Rev. Stat. § 4-108 through § 4-114, Contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. § 1324a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of

state law and 8 U.S.C. § 1324b. Contractor shall require any subcontractor to comply with the provisions of this section.

19) Forbearance Not Waiver. County's failure or neglect to enforce any of its rights under this Agreement will not be deemed to be a waiver of County's rights.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed by their duly authorized representatives.

EXECUTED this 23rd day of July, 2018, by Contractor.

By: 

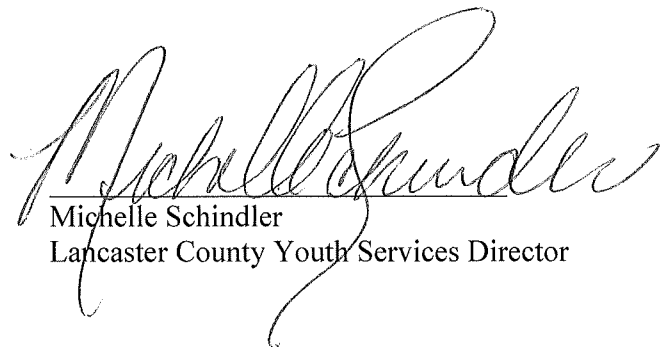
Title: Executive Director

EXECUTED this ____ day of _____, 2018, by Lancaster County.

APPROVED AS TO FORM
this ____ day of _____, 2018.

Deputy County Attorney
for PAT CONDON
Lancaster County Attorney

By: _____
Todd Wiltgen, Chair
Lancaster County Board of
Commissioners


Michelle Schindler
Lancaster County Youth Services Director

ATTACHMENT A

Programming August – September 2018

Men with Dreams (MWD) Staff Facilitators: Brandon McWilliams and Chris Phipps

Purpose: To provide structured learning activities that focus on community building and the core of community—positive healthy relationships and accountability. The youth are also introduced to a strength finder tool that helps each youth assess individual strengths and how those strengths connect to self-determination and goal setting. Another layer of programming does exist that is optional for youth. It focuses on those specific students who express an interest to receive individual mentoring, provided by MWD Staff.

MWD Staff will meet with A and B Pods; 1 hour in each pod weekly with an additional hour open for individual mentoring per request of a youth.

Wednesday, August 1: Introduction to Mwd

Wednesday, August 8: Strengths Finders Assessment

Wednesday, August 15: Identifying Goals and Pursuing Dreams

Wednesday, August 22: Naming Strengths

Wednesday, August 29: Directing Strengths toward Your Dreams

Wednesday, September 5: Futuristic Strategy

Wednesday, September 12: Closing Activities

SFM Mutual Insurance Company
 Workers' Compensation and Employers' Liability Policy

Policy Information Page Endorsement

Named Insured and Mailing Address
 Men With Dreams Inc
 211 N 14th St
 Unit 314
 Lincoln, NE 68508-1616

Agency and Mailing Address
 Mittelstadt Agency LLC
 1701 K St
 Lincoln, NE 68508-2662

Policy No: 080584.202

Policy Period: 01/01/2018 - 01/01/2019

Endorsements Changed:

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name (WC220602) | <input type="checkbox"/> Item 3.A. States (WC220611) |
| <input type="checkbox"/> Policy Number (WC220603) | <input type="checkbox"/> Item 3.B. Limits (WC220612) |
| <input type="checkbox"/> Effective Date (WC220604) | <input type="checkbox"/> Item 3.C. States (WC220613) |
| <input type="checkbox"/> Expiration Date (WC220605) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC220614) |
| <input type="checkbox"/> Insured's Mailing Address (WC220606) | <input checked="" type="checkbox"/> Item 4. Class, Rate, Other (WC220615) |
| <input type="checkbox"/> Experience Modification (WC220607) | <input type="checkbox"/> Interim Adjustment of Premium (WC220616) |
| <input type="checkbox"/> Producer's Name (WC220608) | <input type="checkbox"/> Carrier Servicing Office (WC220617) |
| <input type="checkbox"/> Change in Workplace of Insured (WC220609) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC220618) |
| <input type="checkbox"/> Insured's Legal Status (WC220610) | <input type="checkbox"/> Carrier Number (WC220619) |

Description of Change:

In consideration of an ADDITIONAL PREMIUM of \$100, it is agreed that the WC000313 Endorsement is attached to and forms a part of the policy.

Classification Description	Class Code	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Social Service Organization	8864	42,465	1.62	688
Waiver of Subrogation - Job	0930		1.05	100
Expense Constant	0900			240
Terrorism Risk Insurance	9740			4

Total Estimated Annual Premium	1,032
Previous Total Estimated Annual Premium	932
This reflects a additional premium of:	100

Change Effective Date: 07/10/2018
 NCCI# 22799

SFM Mutual Insurance Company
 Workers' Compensation and Employers' Liability Policy

Waiver Of Our Right To Recover From Others Endorsement

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on **07/10/2018** at 12:01 A.M. standard time, forms a part of Policy **080584.202** issued to **Men With Dreams Inc.**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

This waiver of subrogation endorsement applies to the state of Nebraska

Lancaster County
 555 S. 10th St. Lincoln NE 68508

Project: Providing life skills at Lancaster Juvenile Detention Center

Waiver of subrogation for address listed above has an estimated charge of 5% of the applicable manual premium, with a minimum premium of \$100. At audit the actual payrolls for this project will be obtained and the 5% charge will be adjusted accordingly.

Please keep separate payrolls records for this project available at the time of audit

Payroll Period: 01/01/2018 to 01/01/2019

Class/Description	Payroll	Rate	Premium
8864 Social Service Organization	1,350	1.62	22
Totals	1,350		22

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK1692439

Philadelphia Indemnity Insurance Company | 115019 Mittelstadt Agency, LLC

NAMED INSURED Men With Dreams

MAILING ADDRESS 211 N 14th St
Lincoln, NE 68508-1616

POLICY PERIOD: FROM 09/21/2017 TO 09/21/2018 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 09/21/2017 CHANGE # 1 REVISION # 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Form CG2010 Addl Insured- Owners, Lessees or Contractors-Scheduled Person or Organization

To the Additional Insured:

Lancaster County
555 South 10th Street
Lincoln, NE 68508
Per attached

Path ID 11874646

Total Annual
Additional/Return Premium \$ 0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$ 0.00
NO CHANGE

COUNTERSIGNED
(Date)

BY
(Authorized Representative)

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK1692439

Additional Insured

Lancaster County
555 South 10th Street
Lincoln, NE 68508-2803

CG2005 - General Liability
Re: Provides grants for the foundation/organization

CG2010 - General Liability

CG2026 - General Liability
re: contract

Additional Insured

City of Lincoln Parks and Recreation
2740 A Street
Lincoln, NE 68502-3113

CG2026 - General Liability
re: hosting an event on city land and has received a grant

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Lancaster County	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

MITTELSTADT AGENCY
 1701 K ST
 LINCOLN, NE 68508



Policy Number: 917626893

Underwritten by:
 Progressive Northern Insurance Co
 March 19, 2018
 Policy Period: Apr 16, 2018 - Oct 16, 2018
 Page 1 of 2

BRANDON MCWILLIAMS
 1822 S 48TH ST
 LINCOLN, NE 68502

1-402-434-3990

MITTELSTADT AGENCY
 Contact your agent for personalized service.

progressiveagent.com

Online Service
 Make payments, check billing activity, update policy information or check status of a claim.

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is your Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on April 16, 2018 at 12:01 a.m. This policy expires on October 16, 2018 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9611A NE (11/16). The contract is modified by forms 4884 (10/08), 9869 NE (11/08) and A229 NE (11/17).

Progressive Northern Insurance Co is a stock company (NYSE: PGR).

The "garage zip" shown below is the location used to rate the vehicle(s) listed on your policy.

Credit-based rating was used as a factor to determine your premium.

Drivers and resident relatives

	Additional information
BRANDON MCWILLIAMS	Named insured

Outline of coverage

2008 FORD ESCAPE 4 DOOR WAGON

VIN: **1FMCU02Z88KC80422**

Garaging ZIP Code: 68502

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 1 year

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			\$384
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		21
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		9
Medical Payments	\$2,000 each person		15
Comprehensive	Actual Cash Value	\$500	70
Collision	Actual Cash Value	\$500	138
Roadside Assistance			5
Total 6 month policy premium			\$642.00

Premium discounts

Policy

917626893

.....
Electronic Funds Transfer (EFT), Continuous Insurance: Gold, Paperless and
Three-Year Safe Driving




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2018

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 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 Nicole Simon Insurance Agency, Inc. 4400 S. 70th St, STE 130 Lincoln, NE 68516 	CONTACT NAME: Tania Newland PHONE (A/C No, Ext): 402-483-4441 FAX (A/C No): 402-483-6655 E-MAIL ADDRESS: Tania@simonsf.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Mutual Automobile Insurance Company	25178	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
INSURED PHIPPS, CHRISTOPHER 931 OAK ST APT 6 LINCOLN NE 68521-2320														

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			084 7759-B19-27	02/19/2018	08/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Proof of insurance for 2004 Volvo S80

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 