

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2021

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.

OR PRODUCER, AND THE CERTIFICA	TE H	OLDE	R					K(3), AUTHORIZED REF	\L.JL.	KIAIIVE	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subje on this certificate does not confer righ	is an	ADDI	TIONAL INSUR	itions of	the policy, ca	ertain policie	TIONAL INS s may requ	URED provisions or be eire an endorsement. A s	ndors tatem	ed. ent	
PRODUCER				CONTA		Henris,					
UNICO GROUP INC					NAME: PHONE FAX						
1128 LINCOLN MALL SUITE 200				(A/C, No	, Ext):			(A/C, No):			
LINCOLN NE 68509					SS:	- · <u>-</u>					
					INSURER(S) AFFORDING COVERAGE						
22GRJ				INSURER A:TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA						NAIC#	
INSURED				INSURER B:							
TRANS-MOTION LLC 4429 N 23RD STREET				INSURER	C:						
OMAHA NE 68110				INSURER	D:						
			INSURER E:								
	INSL		F:					····································			
COVERAGES CERTIFICATE NUMBER				11210101111011011111							
THIS IS TO CERTIFY THAT THE PO POLICY PERIOD INDICATED. NOTV WITH RESPECT TO WHICH THIS DESCRIBED HEREIN IS SUBJECT TO REDUCED BY PAID CLAIMS.	VITHS CER O ALL	TAND TIFICA . THE	VING ANY REQU ATE MAY BE I TERMS, EXCLU	JIREMEN ISSUED	IT, TERM OR (OR MAY PER	CONDITION TAIN THE	OF ANY CO	NTRACT OR OTHER DO	CUME	NT	
INSR LTR TYPE OF INSURANCE		SUBR		ICY NUMBE		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY		 '''-	·	101 110000	:X	(MINNED TITEL)	(((((((((((((((((((EACH OCCURRENCE \$			
CLAIMS-MADE CCCUR		1						DAMAGE TO RENTED			
CEAIWIG-WADE COOOK								PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$			
GEN'L AGGREGATE LIMIT APPLIES PER:						ĺ		PERSONAL & ADV INJURY \$			
AGGREGATE LIMIT APPLIES PER:								GENERAL \$			
- Total - Thomas - Th							•	PRODUČTS - COMP/OP AGG \$			
AUTOMOBILE LIABILITY								\$ COMBINED SINGLE LIMIT			
,]		(Ea accident) \$		v	
ANY AUTO						İ		BODILY INJURY (Per person) \$			
OWNED AUTOS SCHEDULED AUTOS						ļ		BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
HIRED AUTOS NON-OWNED AUTOS ONLY							,	(Per accident) \$			
								s			
UMBRELLA LIAB OCCUR								EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE		ĺ						AGGREGATE \$			
DED RETENTION \$ 3 WORKERS COMPENSATION								\$			
A AND EMPLOYERS' LIABILITY		ļ	(6JUB-5R7301	.4-4-21)		02-05-21	02-05-22	X PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	ı	i						E.L. EACH ACCIDENT \$	50	0,000	
(Mandatory in NH)	N/A	N						E.L.DISEASE EA EMPLOYEE \$	50	0,000	
If yes, describe under DESCRIPTION OF OPERATIONS below	ľ							E.L. DISEASE - POLICY LIMIT \$	500	0,000	
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DESCRIPTION OF OPERATIONS!! OCATIONS/SELECTION	150.0	0000	04 Addisional Dance	ula Oaliaali							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC	LES (A	CORD 1	u1, Additional Kema	ırks Scheau	e, may be attached	if more space is	required)			1	
										i	
CERTIFICATE HOLDER					CANCELLATION						
CERTIFICATE HOLDER					CANCELLATION						
NEBRASKA WORKERS					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
COMPENSATION COURT P O BOX 98908					AUTHORIZED REPRESENTATIVE						
LINCOLN NE 68509					A A A						

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