



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2020

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 Charlie Weston(124636T) 2707 S 134th Ave Ste 2 Omaha NE 68144-3470		CONTACT NAME: Charlie Weston <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PHONE (A/C, NO, EXT): 402-896-6565 </td> <td style="width: 50%;"> FAX (A/C, NO): 402-939-0393 </td> </tr> </table> E-MAIL ADDRESS: cweston@farmersagent.com		PHONE (A/C, NO, EXT): 402-896-6565	FAX (A/C, NO): 402-939-0393												
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INSURED KEATS HEATING AND COOLING LLC 15412 YOUNG ST BENNINGTON NE 68007		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER B: Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER C: Mid Century Insurance Company</td> <td>21687</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: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR							
			DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 100,000						
			MED EXP (Any one person) \$ 5,000						
			PERSONAL & ADV INJURY \$ 1,000,000						
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			PRODUCTS - COMP/OP AGG \$ 2,000,000						
		\$							
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			BODILY INJURY (Per person) \$						
			BODILY INJURY (Per accident) \$						
		PROPERTY DAMAGE (Per accident) \$							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$		
			AGGREGATE \$						
			\$						
	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				PER STATUTE OTHER \$ 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 Select Home Warranty 1 International Way, Unit 400 Mahwah NJ 07495	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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E-MAIL ADDRESS: cweston@farmersagent.com			
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	RETENTION \$							\$
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CERTIFICATE HOLDER

Nelson Development
16605 Polk St

Omaha

NE 68135

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

ACORD 25 (2016/03)

31-1769 11-15

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CERTIFICATE HOLDER 2-10 Home Buyer Warranty Corporate Headquarters 13900 E Harvard Ave Aurora CO 80014	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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AGENCY Charlie Weston(124636T) 2707 S 134th Ave Ste 2 Omaha NE 68144-3470		PHONE (A/C, No, Ext): 402-896-6565	COMPANY Truck Insurance Exchange	
FAX (A/C, No): 402-939-0393	E-MAIL ADDRESS: cweston@farmersagent.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED KEATS HEATING AND COOLING 15412 YOUNG ST BENNINGTON NE 68007		LOAN NUMBER	POLICY NUMBER 606737487	
		EFFECTIVE DATE 03/29/2020	EXPIRATION DATE 03/29/2021	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 15412 YOUNG ST BENNINGTON NE 68007
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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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL	<input checked="" type="checkbox"/>
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COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Business Personal Property	35,000	500

REMARKS (Including Special Conditions)

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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.

ADDITIONAL INTEREST

NAME AND ADDRESS Time Payment Corp 1600 District Ave, Ste 200 Burlington, MA 01803 Acct: 45307519	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE			

ACORD 27 (2016/03)

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