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**CERTIFICATE OF LIABILITY INSURANCE**

Template Dates:  
4/1/2009 - 4/1/2010

**Producer**  
INSPRO, Inc.  
10050 Regency Circle, Ste 101

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Omaha, NE 68114

**Insurers Affording Coverage**      **NAIC #**  
**COMPANY A** Employers Mutual Insurance      21415

**Insured**  
Riekas Equipment Company

**COMPANY B**  
**COMPANY C**  
**COMPANY D**  
**COMPANY E**

6703 L St.

Omaha NE 68117

**Coverages**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Insr Ltr	Add Ins	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A		<b>GENERAL LIABILITY</b>	3X396227	4/1/2009	4/1/2010	Each Occurrence	1000000
		<input checked="" type="checkbox"/> Com Gen Liab				Damage to Rented Premises (Ea Occurrence)	100000
		Claims Made				Med Exp (any one person)	5000
		<input checked="" type="checkbox"/> Occurrence				Personal & Adv Injury	1000000
						General Aggregate	2000000
						Products-Comp/OP Agg	2000000
		Gen Agg Lmt Applies Per:					
		Policy					
		Project					
		Location					
A		<b>AUTOMOBILE LIABILITY</b>	3X396227	4/1/2009	4/1/2010	Combined Single Limit (Ea accident)	1000000
		<input checked="" type="checkbox"/> Any Auto				Bodily Injury (Per person)	
		All Owned Autos				Bodily Injury (Per accident)	
		Scheduled Autos				Property Damage (Per accident)	
		<input checked="" type="checkbox"/> Hired Autos					
		<input checked="" type="checkbox"/> Non-Owned Autos					
A		<b>GARAGE LIABILITY</b>	3X396227	4/1/2009	4/1/2010	Auto Only- Ea Accident	1,000,000
		<input checked="" type="checkbox"/> Any Auto				Other Than Ea Acc	1,000,000
						Auto Only: Agg	2,000,000
A		<b>EXCESS LIABILITY</b>	3X396227	4/1/2009	4/1/2010	Each Occurrence	1,000,000
		Claims Made				Aggregate	1,000,000
		Occurrence					
		Deductible					
		<input checked="" type="checkbox"/> Retention 0					
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	3X396227	4/1/2009	4/1/2010	WC Statutory Limits	
		Any Proprietor/Partner Executive/Officer/Member Excluded?				<input checked="" type="checkbox"/> Other	
						E.L. Each Accident	500000
						E.L. Disease Ea Employee	500000
						E.L. Disease Ea Policy Limit	500000
		<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT SPECIAL PROVISIONS  
Description of Ops. will be a combination of the following  
Agency Specific Portion

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Jeff Jorgensen

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