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	ACORD	CERT	IFICATE	OF LIA	BILITY	INSURANC	(MM/	vate DD/YY) /2016	
	DUCER	rvices			ONLY AND C HOLDER. TH	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			
116 S. Prospect Avenue					ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Park Ridge, IL 60068 Diane M. Keegan					COMPANIES AFFORDING COVERAGE				
Phone 800-343-1368 Fax No. 800-547-2220					A CNA, American Casualty Company				
INSURED FRISCH2					COMPANY B				
Charles Anton Frisch 1021 Dakota Avenue					COMPANY				
Alliance,NE 69301-2334					C COMPANY D				
COVERAGES									
THIS IS TO CERTIFIY 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.									
CO LTR	TYPE OF INSURANCE				ICY EFFECTIVE TE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILIT						BODILY INJURY OCC	\$	
	COMPREHENSI PREMISIES/OPE						BODILY INJURY AGG PROPERTY DAMAGE OCC	\$	
	UNDERGROUNI EXPLOSION & C	D					PROPERTY DAMAGE AGG	\$	
	HAZARD PRODUCTS/COMPLETED OPER						BI & PD COMBINED OCC	\$	
	CONTRACTUAL						BI & PD COMBINED AGG	\$	
		CONTRACTORS					PERSONAL INJURY AGG	\$	
	BROAD FORM F DAMAGE	PROPERTY							
	PERSONAL INJURY								
	AUTOMOBILE LIAB	ILITY					BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS (Private								
	Pass) ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	(Other than Private Passenger) HIRED AUTOS						PROPERTY DAMAGE	\$	
	NON-OWNED AUTOS						BODILY INJURY &	Ψ	
	GARAGE LIABILITY						PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
							WC STATU- OTH-	\$	
	WORKER'S COMPE EMPLOYER'S LIABI						EL EACH ACCIDENT	\$	
	THE PROPRIETOR/ PARTNERS/EXECU						EL DISEASE – POLICY LIMIT	\$	
	OFFICERS ARE:	EXCL					EL DISEASE – EA EMPLOYEE	\$	
A	отнек Professional L	iability	270736331	1	1/6/2015	11/6/2016		See below See below	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Insured: Charles Anton Frisch; CRNA; Full-Time Limits: KS-\$200,000/\$600,000; SD-\$1,000,000/\$3,000,000; NE-\$500,000/\$1,000,000; Retro: 11/6/2003; Claims Made;									
CER	TIFICATE HOLDER			C	ANCELLATION				
Charles Anton Frisch Ex 1021 Dakota Avenue 10 Alliance,NE 69301-2334 BU OF					HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE KPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, JT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY F ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES JTHORIZED REPRESENTATIVE				
					Jane me Frank				