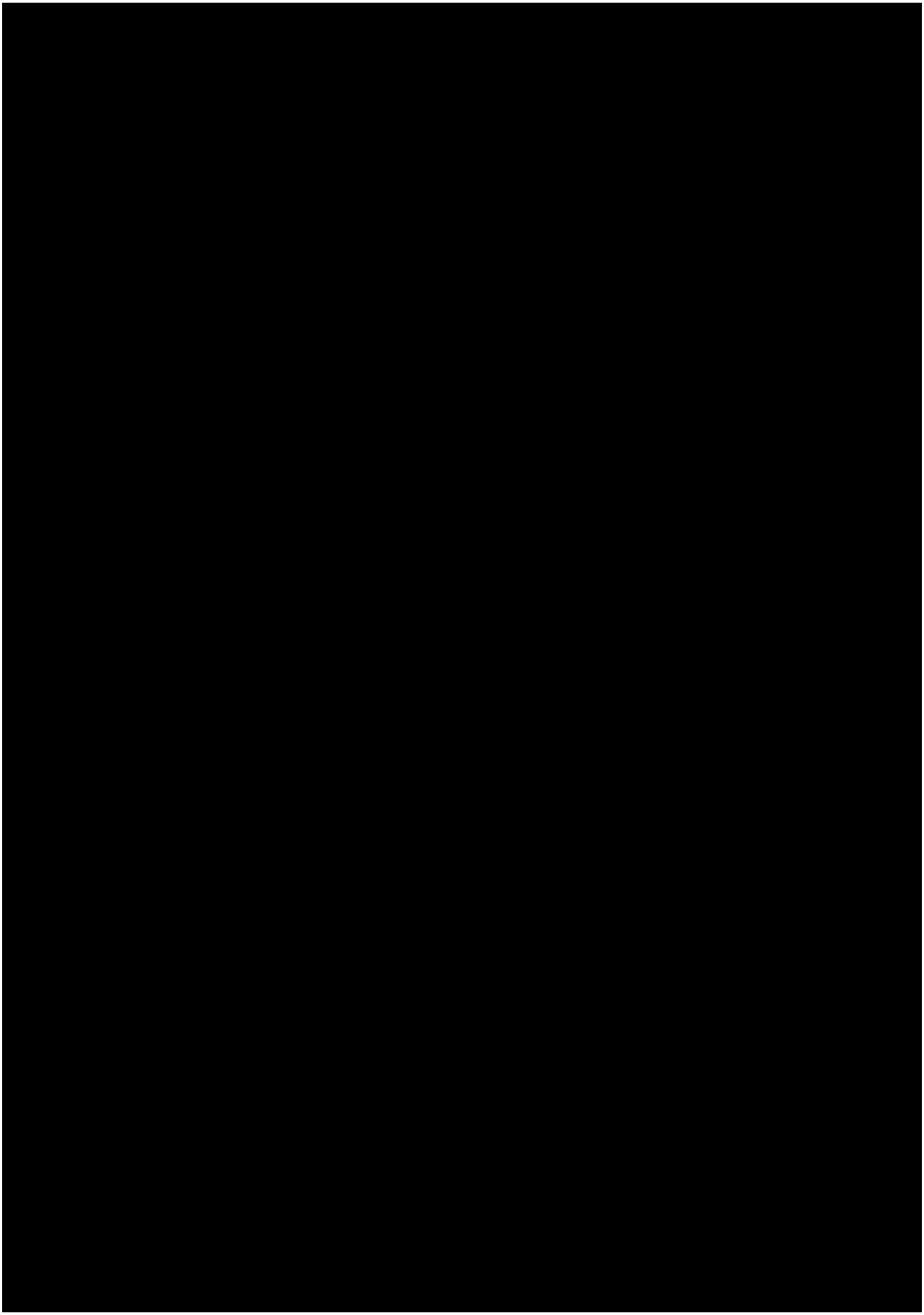
Hamilton requests that the Commission keep the following information of its proposal Proprietary and Confidential.

- Attachment G – Financial Statements

As required by RFP Section 1.12, Hamilton has submitted and attached to these records an affidavit affirmatively declaring that specific information in the records constitute trade secrets pursuant to Article 27 of Chapter 1 of Title 10 of the Georgia Code.

Hamilton has uploaded this confidential information to a secure site. An email generated by Beth Slough will be sent to PSC with a link to access this confidential information.





Pinnacle Bank

December 20, 2023

Tonika Starks
Utilities Regulatory Specialist, Utilities Division
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, GA 30334-5701

Dear Ms. Starks:

I am writing this letter of reference for Hamilton Relay, d/b/a, Hamilton Telecommunications.

For over 45 years, Hamilton and several affiliated companies have been valued customers of Pinnacle Bank of Aurora. The Bank currently has a number of large deposit accounts with Hamilton Relay and several affiliates. These accounts would have average balances in the mid to low eight-figure range. We would consider Hamilton our largest and most valuable deposit customer. Possibly the most impressive thing about Hamilton Telecommunications is that they have very minimal debt in relation to their balance sheet.

Hamilton Telecommunications has provided strong telephone, cable, TV, Internet and deaf relay services to Hamilton County and surrounding counties for over 120 years. Hamilton Telecommunications is now and for the last several decades been owned by the Nelson family. The family is not only known as an excellent corporate citizen, they are also very well thought of as individuals in our community and surrounding service area. I think that you would be very pleased with the deaf relay service that Hamilton Relay would provide.

If you have any questions concerning this letter of reference for Hamilton Relay, please feel free to contact me at the following address or phone number.

Pinnacle Bank
PO Box 229
Aurora NE 68818
Phone: 402-694-211
E-mail: wade.regier@pinnbank.com

Sincerely,

Wade Regier
Market President

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/24/2023

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 have ADDITIONAL INSURED provisions or 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 UNITEL 1128 Lincoln Mall Suite 200 Lincoln, NE 68508	**CONTACT NAME:** UNITEL **PHONE (A/C, No, Ext):** 402-434-7255 **FAX (A/C, No):** 402-434-7272 **E-MAIL ADDRESS:**
INSURED Hamilton Relay, Inc. dba Hamilton Telecommunications 1006 12th Street Aurora NE 68818	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Phoenix Insurance Company 25623 **INSURER B :** Travelers Property Casualty Co of Amer 25674 **INSURER C :** Travelers Indemnity Co of America 25666 **INSURER D :** Cincinnati Insurance Company 10677 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 74996235 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ✓ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			H-630-7W771471	6/30/2023	6/30/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	**AUTOMOBILE LIABILITY** ✓ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			810-7W711112	6/30/2023	6/30/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	✓ **UMBRELLA LIAB** ✓ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ✓ RETENTION $ 10,000			CUP-7W934682	6/30/2023	6/30/2024	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		UB-8W52610	6/30/2023	6/30/2024	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	Excess Umbrella			EXS0581412	6/30/2023	6/30/2024	$10,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PSC & State of Georgia are included as Additional Insureds for General Liability with respect to claims that arise out of contractor's negligence in performing the work or the additional insured's activity related to such operations & only for such claims when the Georgia Tort Claims Act, O.C.G.A. 50-21-20 et seq. is not the exclusive remedy

CERTIFICATE HOLDER

PSC & State of Georgia
Utilities Div Public Service
244 Washington St. SW
Atlanta GA 30334

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

Shane Ideus

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