



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2025

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).

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|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| PRODUCER Acisure Texas Risk Advisors & Insurance Services, LLC 5057 Keller Springs Rd. Suite 200 Addison, TX 75001 | CONTACT NAME: Frances Hartung PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: fhartung@acisure.com |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED Pencco, Inc. 831 Bartlett Rd. Sealy, TX 77474 | INSURER A : Navigators Specialty Insurance Company 36056 |
| | INSURER B : Navigators Insurance Company 42307 |
| | INSURER C : Praetorian Insurance Company 37257 |
| | INSURER D : Colony Insurance Company 39993 |
| | INSURER E : |
| | INSURER F : |

COVERAGES

CERTIFICATE NUMBER:

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: \$10,000,000 | | | HO24NP3Z03E19IC | 11/15/2024 | 11/15/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | | MED EXP (Any one person) \$ 25,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | FA19NCP02120605 | 11/15/2024 | 11/15/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | HO24NP3Z03E19IC | 11/15/2024 | 11/15/2025 | EACH OCCURRENCE \$ 10,000,000 |
| | | | | | | | AGGREGATE \$ 10,000,000 |
| | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | | 202001938 | 2/13/2025 | 11/15/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | Excess Liability | | | EXO4281644 | 11/15/2024 | 11/15/2025 | Occurrence/Aggregate 10,000,000 |
| A | Pollution Liability | | | HO24NP3Z03E19IC | 11/15/2024 | 11/15/2025 | See Limits on Page 2 |

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

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City and the Oklahoma City Water Utilities Trust
420 W. Main St, Suite 500
Oklahoma City, OK 73102

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

Jimmy Irwin

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|-----------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------|--|
| AGENCY Acrisure Texas Risk Advisors & Insurance Services, LLC | | NAMED INSURED Pencco, Inc. 831 Bartlett Rd. Sealy, TX 77474 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**ADDITIONAL COVERAGES & ENDORSEMENTS:
POLLUTION LIABILITY LIMITS:**

**Products Pollution Liability Limit: \$1,000,000;
Contractors Pollution Liability Limit: \$1,000,000;
Transportation Pollution Liability Limit: \$1,000,000;
Contractors Pollution & Transportation Pollution Aggregate: \$2,000,000
Non-Owned Disposal Site Pollution Liability (Claims-made): Limit; \$1,000,000; Aggregate: \$2,000,000**

Additional Insured endorsement included on the General Liability, Pollution Liability & Automobile Liability policies when there is a written contract between the Named Insured and the Certificate Holder requiring such status. Additional Insured Endorsement applies on a Primary & Non-Contributory basis when required in a written contract.

The Contractual Liability coverage provided by the General Liability Policy will cover all liabilities assumed by the Named Insured under its contract with the Certificate Holder that is an "Insured Contract".

30 day notice of cancellation to the certificate holder, except 10 days for non-payment of premium on the Auto Liability and Workers' Compensation Policies.

Blanket Waiver of Subrogation when required by written contract on the General Liability, Auto Liability, Excess Liability and Workers' Compensation Policies.

The Excess Liability Policies provide excess coverage over the General Liability, Commercial Auto Liability, Pollution Liability, and Employer's Liability Policies.