



PENCINC-03

THANSON

## 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).

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

## 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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Project/Loc Agg \$ 10,000,000
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	<input checked="" type="checkbox"/> 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	N/A	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
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## ADDITIONAL REMARKS SCHEDULE

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

## 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.