



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2024

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 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 Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154	CONTACT NAME: Lynn Power
	PHONE (A/C, No, Ext): (405)843-5678 FAX (A/C, No): (405)843-5781
	E-MAIL ADDRESS: lpower@cpinsurance.com
INSURER(S) AFFORDING COVERAGE	
	INSURER A: American Casualty Co. of Reading PA A 20427
	INSURER B: Continental Insurance Co. A 35289
	INSURER C: Transportation Insurance Co. A 20494
	INSURER D: Travelers Casualty & Surety A+1 31194
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: Revised 2024/FSB 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	X		1055495649 (NO DED)	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
D	<input checked="" type="checkbox"/> GL-Prim & Non-Contributory	X		(150,000 DED) - Claims-Made	8/1/2024	8/1/2025	MED EXP (Any one person)	\$ 15,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> OTHER: Professional Liability			108099404 - 10,000,000 AGG			GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							Professional(Incl's Lmt'd Pollution)	\$ 6,000,000	
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		1055495635	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> Prim&Non-Contr						COMP/COLL DED'S	\$ 2,000	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		FOLLOWS U/L GL, AUTO & EMPLOYER FORMS	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 10,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1055495666				\$	
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	6072646011 (California)	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT
C	If yes, describe under DESCRIPTION OF OPERATIONS below	N		1055495652 (All Other States)	1/1/2024	1/1/2025		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT
A	<input type="checkbox"/> Property			1055495649	1/1/2024	1/1/2025	Business Personal Property	4,000,000	
						5,000 DED		Valuable Papers	500,000

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

PROJECT: OCAT GEN 1816-Facility Maintenance Agreement The City of Oklahoma City and the Oklahoma City Airport Trust are Additional Insureds, with respects to Liability, arising out of the Project or Event. The City of Oklahoma City and the Oklahoma City Airport Trust are Loss Payees on Valuable Papers Insurance.

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City
and the Oklahoma City Airport Trust
7100 Terminal Drive, Unit 937
Oklahoma City, OK 73159

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

Phil Truss/CHOWLY

Phil Truss

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