



DANE&amp;AS-01

AHUNTER2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2024

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 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> James Belobraydic Jr <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> jbelobraydic@acrisure.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Emcasco Insurance Company <b>INSURER B:</b> Employers Mutual Casualty Company <b>INSURER C:</b> Indian Harbor Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Dane & Associates Electric Co., Inc. DACOM Systems, Inc. 4721 SW 18th Street Oklahoma City, OK 73128	<b>NAIC #</b> 21407 21415 36940

## 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	BBLP841	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ELECTRONIC DATA \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	E867770	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	J867770	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$ 2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	H86770	8/1/2024	8/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Poll (Claims-Made)	X	X	PEC006394601	8/1/2024	8/1/2025	Occurrence/Aggregate 2,000,000
C	Contractors E&O/Poll	X	X	PEC006394601	8/1/2024	8/1/2025	Aggregate/Occurrence 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
8/1/24 - 8/1/25 Excess Liability; Insurance Carrier: Travelers Property Casualty Co. of America; Policy No.: EX6S18952623NF; Policy Limits: Aggregate: \$7,000,000; Any One Occurrence \$7,000,000

Project: Electrical and Street Lighting Maintenance and Repairs Will Rogers World Airport, Wiley Post Airport, Clarence E. Page Airport. Project No. OCAT GEN 2401. WHEN REQUIRED BY WRITTEN CONTRACT THE CITY OF OKLAHOMA CITY, THE OKLAHOMA CITY AIRPORT TRUST ARE ADDITIONAL INSUREDS,  
WITH RESPECT TO LIABILITY, ARISING OUT OF THE PROJECT OR EVENT IN ACCORDANCE WITH POLICY FORMS AND ENDORSEMENTS ON GENERAL LIABILITY, AUTOMOBILE, UMBRELLA, EXCESS, AND CONTRACTORS POLLUTION POLICIES. WHEN REQUIRED BY WRITTEN CONTRACT THE CITY OF SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

The 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

  
Jimmy Irwin



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Acrisure Texas Risk Advisors &amp; Insurance Services, LLC</b>		NAMED INSURED <b>Dane &amp; Associates Electric Co., Inc. DACOM Systems, Inc. 4721 SW 18th Street Oklahoma City, OK 73128</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

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

## Description of Operations/Locations/Vehicles:

OKLAHOMA CITY, THE OKLAHOMA CITY AIRPORT TRUST ARE PROVIDED WAIVER OF SUBROGATION STATUS IN ACCORDANCE WITH POLICY FORMS AND ENDORSEMENTS ON GENERAL LIABILITY, AUTOMOBILE, WORKERS COMPENSATION, UMBRELLA, EXCESS, AND CONTRACTORS POLLUTION & E&O POLICIES. CERTIFICATE HOLDER TO BE PROVIDED WITH 30 DAYS NOTICE OF CANCELLATION ON ALL POLICIES. UMBRELLA POLICY IS FOLLOW FORM OVER GENERAL LIABILITY, AUTOMOBILE AND WORKERS COMPENSATION POLICIES. EXCESS POLICY IS FOLLOW FORM OVER UMBRELLA POLICY. NEITHER THE UMBRELLA OR EXCESS POLICIES PROVIDE COVERAGE OVER CONTRACTORS POLLUTION AND E&O POLICY.