



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2023

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 Frates Irwin Risk Management Solutions 103 Dean A McGee Avenue STE 700 Oklahoma City, OK 73102 | CONTACT NAME: Tracy Karjala PHONE (A/C, No, Ext): (405) 290-5731 FAX (A/C, No): E-MAIL ADDRESS: Tkarjala@fratesirwin.com |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED Dane & Associates Electric Co., Inc. DACOM Systems, Inc. 4721 SW 18th Street Oklahoma City, OK 73128 | INSURER A : Emcasco Insurance Company NAIC # 21407 |
| | INSURER B : Employers Mutual Casualty Company 21415 |
| | INSURER C : Indian Harbor Insurance Company 36940 |
| | INSURER D : |
| | 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | X | 6D35943 | 8/1/2023 | 8/1/2024 | 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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | X | 6E35943 | 8/1/2023 | 8/1/2024 | 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 | 6J35943 | 8/1/2023 | 8/1/2024 | EACH OCCURRENCE \$ 2,000,000 |
| | | | | | | | AGGREGATE \$ 2,000,000 |
| A | 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 | N/A | X | 6H35943 | 8/1/2023 | 8/1/2024 | <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 |
| C | Contractors Poll. | X | X | PEC0063946 | 8/1/2023 | 8/1/2024 | Occurrence/Aggregate 2,000,000 |
| C | Contractors E&O | | X | PEC0063946 | 8/1/2023 | 8/1/2024 | Shared With Above |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
8/1/23 - 8/1/24 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 INSURED, 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 The City of Oklahoma City and The Oklahoma City Airport Trust 7100 Terminal Drive, Unit 937 Oklahoma City, OK 73159 | 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  |

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|---|-----------------------------|--|--|
| AGENCY Frates Irwin Risk Management Solutions | | NAMED INSURED Dane & Associates Electric Co., Inc. DACOM Systems, Inc. 4721 SW 18th Street Oklahoma City, OK 73128 | |
| POLICY NUMBER SEE PAGE 1 | | EFFECTIVE DATE: SEE PAGE 1 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | | |

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.