



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2024

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><br>IMA, Inc. - Wichita Division<br>PO Box 2992<br>Wichita KS 67201-2992 | <b>CONTACT NAME:</b> IMA Wichita Team<br><b>PHONE (A/C, No, Ext):</b> 316-267-9221<br><b>E-MAIL ADDRESS:</b> certs@imacorp.com | <b>FAX (A/C, No):</b> |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>         |
| INSURER A : Arch Insurance Company  |  | 11150                 |
| INSURER B : QBE Specialty Insurance Company   |  | 11515                 |
| INSURER C : Arch Indemnity Insurance Company  |  | 30830                 |
| INSURER D : Allied World Assurance Company (U.S.) Inc.                                  |  | 19489                 |
| INSURER E :   |  |                       |
| INSURER F :   |  |                       |

**COVERAGES****CERTIFICATE NUMBER:** 2073623869**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual<br><input checked="" type="checkbox"/> XCU<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | 41PKG2033500  | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$4,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y         | Y        | 41PKG2033500  | 7/1/2024                | 7/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | 140001751     | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$3,000,000<br>AGGREGATE \$3,000,000<br>\$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | 41WCI2033500  | 7/1/2024                | 7/1/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$2,000,000<br>E.L. DISEASE - EA EMPLOYEE \$2,000,000<br>E.L. DISEASE - POLICY LIMIT \$2,000,000                                    |
| D        | 2nd Layer Excess   |           |          | 03143255      | 7/1/2024                | 7/1/2025                | Ea. Occ \$2,000,000<br>Agg \$2,000,000  |

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

RE: Project # OCAT WRWA2402 - Reconstruct Terminal Apron South Gates - Phase 1.  
Certificate Holder and all other parties required by the contract are included as Additional Insured on the General Liability and Automobile Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions.  
A Waiver of Subrogation is provided in favor of Certificate Holder and all other parties required by the contract on the General Liability and Automobile Liability Policy, if required by written contract or agreement, subject to the policy terms and conditions.  
General Liability and Automobile Liability Coverage includes 30 day notice of cancellation (including nonpayment of premium), subject to the terms and conditions of the policy.  
Workers Compensation Coverage includes 30 day notice of cancellation, subject to the terms and conditions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| The City of Oklahoma City,<br>The Oklahoma City Airport Trust and<br>MacArthur Associated Consultants LLC<br>(Project Engineer)<br>7100 Terminal Dr, Unit 937<br>Oklahoma City OK 73159-0937 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
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