



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/202



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHOR 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).

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|--|--|--|--|
| <b>PRODUCER</b><br>Woodruff-Sawyer & Co.<br>50 California Street, Floor 12<br>San Francisco CA 94111 |  | <b>CONTACT NAME:</b> WS Certificates<br><b>PHONE (A/C, No, Ext):</b> 844-972-6326<br><b>E-MAIL ADDRESS:</b> Certificates@woodruff-sawyer.com<br><b>FAX (A/C, No):</b>  |  |
| <b>INSURED</b><br>Sierra-Cedar, LLC<br>Sierra-Cedar, Inc<br>1255 Alderman Dr<br>Alpharetta, GA 30005 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Travelers Prop Casualty Co of America<br><b>INSURER B:</b> Lloyds of London<br><b>INSURER C:</b> Phoenix Insurance Company<br><b>INSURER D:</b> QBE Specialty Insurance Company<br><b>INSURER E:</b> Allied World Specialty Insurance Company<br><b>INSURER F:</b> |  |
| License#: 0329598<br>SIERLLC-01  |  | <b>NAIC #</b><br>25674<br>25623<br>11515<br>16624  |  |

**COVERAGES**

CERTIFICATE NUMBER: 1070575539

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 SUBR INSD WVD                  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |                     |
|----------|---|-------------------------------------|-----------------|-------------------------|-------------------------|---|---------------------|
| C        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     | ZLP61N6260424I5 | 4/1/2024                | 4/1/2025                | EACH OCCURRENCE   | \$ 1,000,000        |
|          |   |                                     |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 300,000          |
|          |   |                                     |                 |                         |                         | MED EXP (Any one person)  | \$ 10,000           |
|          |   |                                     |                 |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000        |
|          |   |                                     |                 |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000        |
|          |   |                                     |                 |                         |                         | PRODUCTS - COM/OP AGG   | \$ 2,000,000        |
|          |   |                                     |                 |                         |                         |   | \$                  |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input 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   |                                     | BA8R41319324I5G | 4/1/2024                | 4/1/2025                | 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<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |                                     | CUP0S29071024I5 | 4/1/2024                | 4/1/2025                | EACH OCCURRENCE   | \$ 7,000,000        |
|          |   |                                     |                 |                         |                         | AGGREGATE   | \$ 7,000,000        |
|          |   |                                     |                 |                         |                         |   | \$                  |
| A        | <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><input type="checkbox"/> N/A | UB8R44535124I5G | 4/1/2024                | 4/1/2025                | <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        |
| B        | E&O/Cyber   |                                     | W25A03240601    | 4/1/2024                | 4/1/2025                | \$500,000 Retention   | \$5,000,000         |
| D        | E&O/Cyber Excess  |                                     | 130004546       | 4/1/2024                | 4/1/2025                | Per Claim/Aggregate:  | \$5,000,000 x \$5M  |
| E        | E&O/Cyber Excess  |                                     | 03133077        | 4/1/2024                | 4/1/2025                | Per Claim/Aggregate:  | \$5,000,000 x \$10M |

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

**CERTIFICATE HOLDER****CANCELLATION**

Oklahoma City Municipal Facilities Authority and the City of Oklahoma City  
 Attn: Tracey Bell  
 100 North Walker, Suite 600  
 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

*Zoe Overbay*