



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2023

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 Rich & Cartmill, Inc. 9401 Cedar Lake Avenue Oklahoma City, OK 73114	CONTACT NAME: Diane Shepard PHONE (A/C, No, Ext): (405) 463-7520 FAX (A/C, No): E-MAIL ADDRESS: dshepard@rcins.com
	INSURER(S) AFFORDING COVERAGE
INSURED Downey Contracting LLC 3217 NE 63rd Street Oklahoma City, OK 73121	INSURER A : Valley Forge Ins Co NAIC # 20508
	INSURER B : National Fire Ins Co of Hart 20478
	INSURER C : Continental Ins Co 35289
	INSURER D : Columbia Casualty Company 31127
	INSURER E : Charter Oak Fire Ins Company 25615
	INSURER F :

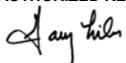
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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		6080102150	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		6080102116	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<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			6080102133	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000
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	6080102147	2/1/2023	2/1/2024	<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
D	Pollution Liability			7039462595	4/26/2023	4/26/2024	Agg/Ea Occ 5,000,000
E	Builder's Risk			QT-660-5K689663-COF-23	2/1/2023	2/1/2024	Single Location 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project No. OCAT WRWA 2304 - WRA - AAR Hangar 3B Roof Replacement, Will Rogers World Airport
\$945,945 Builder's Risk coverage for Project No./Project Name - OCAT WRWA 2304 - WRA - AAR Hangar 3B Roof Replacement, Will Rogers World Airport

AS REQUIRED BY WRITTEN CONTRACT - The certificate holder is:
Additional Insured, to include ongoing and Completed Operations, on a primary and non-contributory basis, and waiver of subrogation holder, with regards to the Commercial General Liability, as afforded by forms CNA75079 & CNA74705.
Additional Insured, on a primary and non-contributory basis, and waiver of subrogation holder, with regards to the Commercial Automobile Liability, as SEE ATTACHED ACORD 101

CERTIFICATE HOLDER The City of Oklahoma City and the Oklahoma City Airport Trust 7100 Terminal Drive, Box 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Rich & Cartmill, Inc.		NAMED INSURED Downey Contracting LLC 3217 NE 63rd Street Oklahoma City, OK 73121	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 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:
afforded by form CNA63359.

Waiver of subrogation holder with regards to the Workers' Compensation & Employer's Liability, as afforded by form WC000313.
***Umbrella Liability follows-form with the underlying Liability coverages (Commercial General Liability, Commercial Automobile Liability & Workers' Compensation & Employer's Liability) as regards Additional Insured, Primary & Non-Contributory, and waiver of subrogation holder, as afforded by form 75504

Installation Floater

Carrier - The Charter Oak Fire Insurance Company (Travelers)
Policy Number: 660-5K689663
Effective Dates: February 1, 2023 to February 1, 2024
Limit of Insurance - Any One "Covered Jobsite" - \$5,000,000
Leased/Rented Equipment - \$ 525,000
Temporary Storage - \$ 250,000
Property in Transit - \$ 250,000

***All Forms Referenced are Available Upon Request.