



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2024

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).

PRODUCER Hays Companies, Inc. 1200 North Mayfair Road, Suite 100 Milwaukee, WI 53226	1-414-443-0000	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No.):
INSURED Oshkosh AeroTech LLC 4074 South 1900 West Roy, UT 84067-4103 USA		INSURER(S) AFFORDING COVERAGE INSURER A: See Schedule of Insurers INSURER B: HARTFORD FIRE IN CO INSURER C: HARTFORD ACCIDENT & IND CO INSURER D: TWIN CITY FIRE INS CO CO INSURER E: INSURER F:	
		NAIC # 19682 22357 29459	

COVERAGES

CERTIFICATE NUMBER: 750191685

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 <input checked="" type="checkbox"/> Aviation CGL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		A1PR000201123AM	11/01/23	04/01/25	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 AOA-Airside \$ Included
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			83AB S68003	10/01/23	10/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	83WN S68000 83WBR S68001	10/01/23 10/01/23	10/01/24 10/01/24	<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

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

Re: Project No. OCAT WRWA 2418 - PBB Replacement Phase II - Will Rogers World Airport (RQ4881)
The City of Oklahoma City, The Oklahoma City Airport Trust, and C.H. Guernsey & Company are Additional Insureds on the Aviation General Liability and Automobile policies as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City, Oklahoma City Airport Trust and C.H. Guernsey & Company 7100 Terminal Drive, Unit 937 Oklahoma City, OK 73159-0937 USA	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
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Hays Companies, Inc.		NAMED INSURED JBT AeroTech Corporation	
POLICY NUMBER See Schedule Below		EFFECTIVE DATE: November 1, 2023	
CARRIER See Schedule Below	NAIC CODE See Schedule		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

SECURITY (the "Insurers")

Insurer

Policy Number

Allianz Global Risks US Insurance Co. through
Allianz Global Corporate & Specialty ®

A1PR000201123AM
NAC: 35300

National Union Fire Ins Co of Pittsburgh, PA through AIG

PL007741013-13
NAIC: 19445

Underwriters at Lloyds London, London and Certain Insurance
Companies through Price Forbes

B0507AS2300278
11/01/2023-11/01/2024

QBE Insurance Corporation through QBE America

100010221
NAIC: 39217

Starr Indemnity Liability Company through
Starr Companies

1000189341-03
NAIC: 38318

Old Republic Insurance Group through Old Republic Aerospace

MP00045903
NAIC: 24147

AXA XL, a division of AXA

UA00019286AV23A
NAIC: 37885

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligation under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective to the Additional Insured until thirty (30) days after insurance of notice by the Insurers to the certificate holder(s).

The ACORD name and logo are registered marks of ACORD © 2008 ACORD CORPORATION. All rights reserved.