



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2024

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 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	CONTACT NAME: Lynn Power
Cole, Paine & Carlin Insurance	PHONE (A/C, No, Ext): (405)843-5678
PO Box 18444	FAX (A/C, No): (405)843-5781
1140 NW 50th Street	E-MAIL ADDRESS: lpower@cpinsurance.com
Oklahoma City OK 73154	INSURER(S) AFFORDING COVERAGE
	INSURER A: American Casualty Co. of Reading PA A 20427
INSURED	INSURER B: Continental Insurance Co. A 35289
Frankfurt-Short-Bruza Associates, P.C.	INSURER C: Transportation Insurance Co. A 20494
Frankfurt-Short-Bruza TX, Inc.	INSURER D: Continental Casualty Co. A 20443
5801 N. Broadway Ste. 500	INSURER E:
Oklahoma City OK 73118	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2024/FSB

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"/> GL-Prim & Non-Contributory	X		1055495649 (NO DED)	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
D	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			(150,000 DED) - Claims-Made			MED EXP (Any one person) \$ 15,000
	<input checked="" type="checkbox"/> OTHER: E&O PROFESSIONAL			AEH003009825 - 10,000,000 AGG	8/1/2023	8/1/2024	PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							E&O/Professional \$ 6,000,000
C	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			1055495635	1/1/2024	1/1/2025	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		X				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Prim&Non-Contr						COMP/COLL DED'S \$ 2,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			FOLLOWS U/L GL, AUTO			EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB			& EMPLOYER FORMS			AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1055495666	1/1/2024	1/1/2025	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6072646011 (California)	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		1055495652 (All Other States)	1/1/2024	1/1/2025	E.L. EACH ACCIDENT \$ 1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NO DED			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property			1055495649	1/1/2024	1/1/2025	Business Personal Property 4,000,000
				5,000 DED			Valuable Papers 500,000


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

PROJECT: OCAT GEN 2414-Facility Maintenance Engineering Services Agreement

The City of Oklahoma City and the Oklahoma City Airport Trust are Additional Insureds, with respects to Liability, arising out of the Project or Event. The City of Oklahoma City and the Oklahoma City Airport Trust are Loss Payees on Valuable Papers Insurance.

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City & the Oklahoma City Airport Trust 7100 Terminal Drive, Unit 937 Oklahoma City, OK 73159	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
	Phil Truss/CHOWLY 

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ACORD 25 (2014/01)

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INS025 (201401)