



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 Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154	CONTACT NAME: Lynn Power	PHONE (A/C, No, Ext): (405)843-5678	FAX (A/C, No): (405)843-5781
	E-MAIL ADDRESS: lpower@cpinsurance.com		
INSURED Frankfurt-Short-Bruza Associates, P.C. Frankfurt-Short-Bruza TX, Inc. 5801 N. Broadway Ste. 500 Oklahoma City OK 73118	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Casualty Co. of Reading PA	A	20427
	INSURER B: Continental Insurance Co.	A	35289
	INSURER C: Transportation Insurance Co.	A	20494
	INSURER D: Continental Casualty Co.	A	20443
	INSURER E:		
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	X		1055495649 (NO DED)	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
D	<input checked="" type="checkbox"/> GL-Prim & Non-Contributory	X		(150,000 DED) - Claims-Made	8/1/2023	8/1/2024	MED EXP (Any one person)	\$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> OTHER: E&O PROFESSIONAL			AEH003009825 - 10,000,000 AGG			GENERAL AGGREGATE	\$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		1055495635	1/1/2024	1/1/2025	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						E&O/Professional	\$ 6,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X		FOLLOWS U/L GL, AUTO & EMPLOYER FORMS	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person)	\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1055495666			BODILY INJURY (Per accident)	\$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	6072646011 (California)	1/1/2024	1/1/2025	PROPERTY DAMAGE (Per accident)	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						COMP/COLL DED'S	\$ 2,000
C	<input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1055495652 (All Other States)	1/1/2024	1/1/2025	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
A	<input type="checkbox"/> Property			1055495649	1/1/2024	1/1/2025	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
				5,000 DED			Business Personal Property	4,000,000
							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 <i>Phil Truss</i>

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