



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/11/2026

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  
FEDERATED MUTUAL INSURANCE COMPANY  
HOME OFFICE: P.O. BOX 328  
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER  
PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664  
E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURED  
ARGENT ELECTRIC LLC  
28801 S 640 RD  
GROVE, OK 74344-0001

| INSURERS AFFORDING COVERAGE                   | NAIC # |
|-----------------------------------------------|--------|
| INSURER A: FEDERATED MUTUAL INSURANCE COMPANY | 13935  |
| INSURER B:                                    |        |
| INSURER C:                                    |        |
| INSURER D:                                    |        |
| INSURER E:                                    |        |
| INSURER F:                                    |        |

## COVERAGES

CERTIFICATE NUMBER: 20

REVISION NUMBER: 0

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                         |
|----------|----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |           |          |               |                         |                         | EACH OCCURRENCE \$1,000,000                                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000                            |
|          |                                                                                                          |           |          |               |                         |                         | MED EXP (Any one person) EXCLUDED                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |           |          |               |                         |                         | PERSONAL & ADV INJURY \$1,000,000                                              |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE \$2,000,000                                                  |
|          | OTHER:                                                                                                   |           |          |               |                         |                         | PRODUCTS & COMPIOP ACC \$2,000,000                                             |
| A        | AUTOMOBILE LIABILITY                                                                                     |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000                                |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                             |           |          |               |                         |                         | BODILY INJURY (Per Person)                                                     |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                       | N         | N        | 1945199       | 11/01/2026              | 11/01/2027              | BODILY INJURY (Per Accident)                                                   |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                  |           |          |               |                         |                         | PROPERTY DAMAGE (Per Accident)                                                 |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR              |           |          |               |                         |                         | EACH OCCURRENCE \$2,000,000                                                    |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                | N         | N        | 1945200       | 11/01/2026              | 11/01/2027              | AGGREGATE \$2,000,000                                                          |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                          |           |          |               |                         |                         |                                                                                |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |           |          |               |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
| A        | ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                             |           |          |               |                         |                         | E.L. EACH ACCIDENT \$1,000,000                                                 |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   | N/A       | N        | 1945202       | 11/01/2026              | 11/01/2027              | 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)

## CERTIFICATE HOLDER

CITY OKLAHOMA CITY  
200 N WALKER AVE  
OKLAHOMA CITY, OK 73102-2232

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## 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

2026 SEP 22 AM8:22  
OKLAHOMA CITY CLERK

394-167-5 20

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#XWXW0021XXXXXXXX5#

CITY OKLAHOMA CITY

200 N Walker Ave

Oklahoma City, OK 73102-2232