CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/3/2026

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 Arthur J. Gallagher Risk Management Services, LLC 4041 Essen Ln Ste 400 Baton Rouge LA 70809	CONTACT NAME: Sharon Elgin PHONE (A/C, No, Ext): 225-336-3284 FAX (A/C, No): E-MAIL ADDRESS: sharon_elgin@ajg.com
INSURED BERNMCC-01 ENFRA TME, LLC 1 Allied Drive, Bldg. 2, Ste. 2600 Little Rock, AR 72202	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : The Travelers Indemnity Company of CT — 25682 INSURER B : Travelers Property Casualty Company of America — 25674 INSURER C : Vantage Risk Specialty Insurance Company — 16275 INSURER D : Starr Indemnity & Liability Company — 38318 INSURER E : Travelers Indemnity Co of America — 25666 INSURER F : Travelers Casualty Insurance Co of America — 19046

COVERAGES **CERTIFICATE NUMBER:** 631440322 **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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X LOC OTHER:			VTC2JCO5468B485TIL26	7/1/2026	7/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 300,000 $ 15,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			VTC2ECAP5468B497TCT26	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Deductible	$ 2,000,000 $ $ $ $
D	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			1000585884261	8/1/2026	7/1/2027	EACH OCCURRENCE AGGREGATE See Remarks	$ 5,000,000 $ 5,000,000 $
E F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB1N3954722625K UB1N0462112625R	7/1/2026 7/1/2026	7/1/2027 7/1/2027	X PER STATUTE X OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	Includes USL&H $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional/Pollution			P03CP0000061702	7/1/2026	7/1/2027	$10,000,000 Occ	$10,000,000 Agg

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

Subject to policy terms, conditions and exclusions: Certificate Holder is included as an Additional Insured on the General Liability Policy as per Endorsement CG D6 04, edition 02/19; Automobile Policy as per Endorsement CAT442, Edition Date 02/19. Waiver of Subrogation applies to Certificate Holder as respects to the General Liability as per Endorsement CG2404, Edition Date 05/09; Automobile Policy per Endorsement CA0444, Edition Date 10/13; Workers Compensation Policy per Endorsement WC000313. Excess Liability follows form of the underlying General Liability, Automobile and Employers Liability policies.

2026 AUG 12 AM 11:29
OKLAHOMA CITY CLERK

Named Insureds read as follows with respects to Workers Compensation:
See Attached...

CERTIFICATE HOLDER

The City of Oklahoma City
Department of Public Works
420 West Main Street, Seventh Floor
Oklahoma City OK 73102

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
Arthur J. Gallagher Risk Management Services, LLC

LA, Baton Rouge - Essen
4041 Essen Ln Ste 400
Baton Rouge LA 70809

MDG2026 00013395 01

The City of Oklahoma City
Department of Public Works
420 West Main Street, Seventh Floor
Oklahoma City, OK 73102

We are providing you with a Certificate of Insurance confirming our client's coverage.

Want to get certificates of insurance faster? "Go Green with Gallagher" by receiving digital copies of certificates via e-mail in the future. Or, do you no longer require a certificate of insurance for our client? Please contact us at COI.UpdateMyEmail@AJG.com and provide the following information for processing:

1. Confirmation that a certificate of insurance is no longer required; or
2. E-mail address to send future certificates of insurance in lieu of U.S. Mail delivery
3. Insured Code: ENFRLLC-01
4. This Certificate Number: 631440322

To learn more about the Insurance and Risk Management Services offered by Gallagher, please visit us at www.ajg.com/us/about-us/how-we-work/core-360.

Gallagher does not share your e-mail as detailed in our privacy policy found at https://www.ajg.com/us/privacy-policy/.

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AGENCY CUSTOMER ID: BERNMCC-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Arthur J. Gallagher Risk Management Services, LLC	ENFRA TME, LLC 1 Allied Drive, Bldg. 2, Ste. 2600 Little Rock, AR 72202
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ENFRA, LLC F/K/A Bernhard, LLC
ENFRA MCC, LLC F/K/A Bernhard MCC, LLC
ENFRA TME, LLC F/K/A Bernhard TME, LLC
ENFRA EP Breaux, LLC F/K/A Ernest P. Breaux Electrical, LLC
ENFRA MCC Metal, LLC F/K/A Bernhard MCC Metal, LLC

With respects to all other policies shown on the certificate the Named Insureds read as follows:
Bernhard, LLC
Bernhard MCC, LLC
Bernhard TME, LLC
Ernest P. Breaux Electrical, LLC
Bernhard MCC Metal, LLC
ENFRA, LLC
ENFRA MCC, LLC
ENFRA TME, LLC
ENFRA EP Breaux, LLC
ENFRA MCC Metal, LLC

EXCESS LIABILITY:
Policy Term: 8/1/2026 – 7/1/2027
Carrier: MS Transverse Specialty Insurance Company
NAIC #: 41807
Carrier: Aspen Specialty Insurance Company
NAIC #: 10717
Policy #: EMR0000128700
Limits: $5,000,000 x/o $5,000,000

PROJECT NO. MB-1689