



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/13/2026

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 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).

|                                                                                      |  |                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Alera Group<br>PO BOX 506<br><br>Amarillo TX 79105                |  | <b>CONTACT NAME:</b> Gina Pattie, CISR, CIC<br><b>PHONE (A/C, No, Ext):</b> (806) 376-6301<br><b>E-MAIL ADDRESS:</b> gina.pattie@aleragroup.com<br><b>FAX (A/C, No):</b> (806) 376-1449                                      |  |
| <b>INSURED</b><br>Arbo's Floor Service LLC<br>6401 S. Osage<br><br>Amarillo TX 79118 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> United Fire & Casualty Company<br><b>INSURER B:</b> Texas Mutual Insurance Co.<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                      |  | <b>NAIC #</b><br>13021<br>22945                                                                                                                                                                                              |  |

## COVERAGES

CERTIFICATE NUMBER: 26-27

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 10037406714    | 07/27/2026              | 07/27/2027              | EACH OCCURRENCE \$ 1,000,000                                                    |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                            |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | MED EXP (Any one person) \$ 5,000                                               |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                              |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                                  |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | PRODUCTS - COM/OP AGG \$ 2,000,000                                              |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                          |           |          | 10061463469    | 07/27/2026              | 07/27/2027              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | BODILY INJURY (Per person) \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | BODILY INJURY (Per accident) \$                                                 |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | PROPERTY DAMAGE (Per accident) \$                                               |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | PIP-Basic \$ 2,500                                                              |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         |                                                                                 |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                    |           |          | 10057573315    | 07/27/2026              | 07/27/2027              | EACH OCCURRENCE \$ 2,000,000                                                    |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         | AGGREGATE \$ 2,000,000                                                          |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |                |                         |                         |                                                                                 |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N<br><input checked="" type="checkbox"/> N N/A                                     |           |          | TSF-0001118056 | 6/18/2026               | 6/18/2027               | <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                                        |
| A        | INSTALLATION FLOATER                                                                                                                                                                                                                                                                                               |           |          | 10037406714    | 07/27/2026              | 07/27/2027              | SINGLE LOCATION \$650,000                                                       |

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

Certificate Holder is named as Additional Insured per General Liability form (CG7208 07/17) with Waiver of Subrogation, when required by written contract, in regards to the General and Auto Liability (per form). Coverage is Primary and Non-Contributory in regards to the General and Auto Liability. 30-day Notice of Cancellation, except 10 days for Nonpayment. Umbrella follows form subject to policy terms and conditions.

2026 JUL 20 AM 10:59  
OKLAHOMA CITY CLERK

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                  |                                                                                                                                                                |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The City of Oklahoma City<br>200 N. Walker<br>Oklahoma, OK 73102 | 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<br>J Neely, III, CPCU, CIC/<br><i>Jeff M Neely III</i>                                                                               |

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**C. SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is amended:**1. To read SUPPLEMENTARY PAYMENTS****2. Bail Bonds**

Item 1.b. is amended as follows:

- b. Up to \$1,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

**3. Loss of Earnings**

Item 1.d. is amended as follows:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.

**4. The following language is added to Item 1.**

However, we shall have none of the duties set forth above when this insurance applies only for **Voluntary Property Damage Coverage** and/or **Care, Custody or Control Property Damage Coverage** and we have paid the Limit of Liability or the Aggregate Limit for these coverages.

**SECTION II – WHO IS AN INSURED****A. The following change is made:****Extended Reporting Requirements**

Item 3.a. is deleted and replaced by the following :

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

**B. The following provisions are added:****4. BROAD FORM NAMED INSURED**

Item 1.f. is added as follows:

- f. Any legally incorporated entity of which you own more than 50 percent of the voting stock during the policy period only if there is no other similar insurance available to that entity. However:

- (1) Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired more than 50 percent of the voting stock; and
- (2) Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired more than 50 percent of the voting stock.

**5. Additional Insured – Owners, Lessees or Contractors-Automatic Status When Required in Construction or Service Agreement With You – Including Upstream Parties**

- a. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy;
- b. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph a. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" which may be imputed to that person or organization directly arising out of:

- 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

- 1. Only applies to the extent permitted by law; and

2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- c. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:  
This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

#### **6. Additional Insured – Products Completed Operations Coverage – Including Upstream Parties**

- a. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
- b. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph a. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" which may be imputed to that person or organization directly arising out of "your work" specified in the "written contract" and included in the "products-completed operations hazard".

However:

- (1) The insurance afforded to such additional insureds only applies to the extent permitted by law;
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- (3) Such coverage will not apply subsequent to the first to occur of the following:
  - i. The expiration of the period of time required by the "written contract"; or
  - ii. The expiration of any applicable statute of limitations or statute of repose with respect to claims arising out of "your work".
- c. With respect to the insurance afforded to any additional insured under this endorsement, the following additional exclusionary language shall apply:

This insurance does not apply to "bodily injury" or "property damage" arising out of the rendering of, or the failure to render, any professional architecture, engineering or surveying services, including:

- (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- (2) Supervisory, inspection, architectural or engineering activities.