CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/30/2026

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
SterlingRisk
P.O. Box 9017
Woodbury NY 11797

License#: BR-1418528
LAZPARKING

CONTACT NAME:
PHONE (A/C, No, Ext): 516-487-0300 **FAX (A/C, No):** 516-487-0372
E-MAIL ADDRESS: request@sterlingrisk.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Ins Co of Pittsburgh, PA	19445
INSURER B : AIU Insurance Company	19399
INSURER C : Berkley Insurance Company	32603
INSURER D : Mercer Insurance Company	14478
INSURER E :	
INSURER F :	

INSURED
LAZ Parking Texas, LLC
1201 Main Street
Suite 1320
Dallas TX 75202

COVERAGES **CERTIFICATE NUMBER:** 509124698 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y	Y	3609369	7/31/2026	7/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 3,000,000 $ 1,000,000 $ $ 3,000,000 $ 6,000,000 $ 6,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	3135689	7/31/2026	7/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 5,000,000 $ $ $ $
D	**UMBRELLA LIAB** OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $	Y	Y	See Schedule Below	7/31/2026	7/31/2027	EACH OCCURRENCE AGGREGATE $	$ 25,000,000 $ 25,000,000 $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		Y	014111735	7/31/2026	7/31/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A C	Garagekeepers Liability Crime Liability	Y	Y	3609369 BCCR-45002892-29	7/31/2026 7/31/2026	7/31/2027 7/31/2027	Limit Limit	$1,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Page 2 for Additional Information.

2026 AUG 10 AM9:26
OKLAHOMA CITY CLERK

See Attached...

CERTIFICATE HOLDER

City of Oklahoma City, City Hall
200 N Walker Avenue
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

AGENCY CUSTOMER ID: LAZPARKING

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
SterlingRisk	LAZ Parking Texas, LLC 1201 Main Street Suite 1320 Dallas TX 75202
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

Additional Insurers Affording Coverage:
Insurer Letter D Mercer Insurance Company (UFG) --- Lead Excess --- Policy # 22200934100 --- 7/31/26-7/31/27 --- Aggregate $3,000,000
Insurer Letter E Palomar Excess and Surplus Insurance --- $2M xs $3M --- Policy # CEPXP26000033300 --- 7/31/26-7/31/27 --- Aggregate $2,000,000
Insurer Letter F Liberty Surplus Insurance Corporation --- $5M p/o $10 xs $5M --- Policy # 100081592801 --- 7/31/26-7/31/27 --- Aggregate $5,000,000
Insurer Letter G United Specialty Insurance Company --- $5M p/o $10 xs $5M --- Policy # BTM2624367 --- 7/31/26-7/31/27 --- Aggregate $5,000,000
Insurer Letter H Everest National Insurance Company --- $5M p/o $10 xs $15M --- Policy # XW9EX00031-261 --- 7/31/26-7/31/27 --- Aggregate $5,000,000
Insurer Letter G United Specialty Insurance Company --- $5M p/o $10 xs $15M --- Policy # BTM2624366 --- 7/31/26-7/31/27 --- Aggregate $5,000,000

If agreed upon in a written contract or agreement, City of Oklahoma City is included as an additional insured for general liability, but only with respect to the operations of the named insured. Re: City of Oklahoma City