



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2026

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 AND ITS AFFILIATES
INCLUDING PRIMARY SOURCE INSURANCE AGENCY
121 E. PARK SQUARE
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
ADVANCED COMMERCIAL PAINTING, LLC
2709 W I 44 SERVICE RD
OKLAHOMA CITY, OK 73112-3702

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: EVANSTON INSURANCE COMPANY	35378
INSURER B: FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURER C: FEDERATED SERVICE INSURANCE COMPANY	28304
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 283

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
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	N	N	1938469	08/14/2026	08/14/2027	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 & COMP/OP ACC \$2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	N	N	1938469	08/14/2026	08/14/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION	N	N	1938471	08/14/2026	08/14/2027	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	1938470	08/14/2026	08/14/2027	☒ PER STATUTE ☐ OTHER E.L EACH ACCIDENT \$1,000,000 E.L DISEASE - EA EMPLOYEE \$1,000,000 E.L DISEASE - POLICY LIMIT \$1,000,000
A	CONTRACTORS POLLUTION LIABILITY	Y	Y	ECPENV06391	08/26/2025	08/26/2026	EACH LIMIT \$2,000,000 AGGREGATE \$2,000,000

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

SEE ATTACHED PAGE

CERTIFICATE HOLDER

CITY OF OKLAHOMA CITY
420 W MAIN ST
OKLAHOMA CITY, OK 73102-4437

283 0

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 2 PM3:01
OKLAHOMA CITY CLERK



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY AND ITS AFFILIATES INCLUDING PRIMARY SOURCE INSURANCE AGENCY		NAMED INSURED ADVANCED COMMERCIAL PAINTING, LLC 2709 W I 44 SERVICE RD OKLAHOMA CITY, OK 73112-3702	
POLICY NUMBER SEE CERTIFICATE # 283.0			
CARRIER SEE CERTIFICATE # 283.0	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 283.0	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

POLICY COVERAGE AS OF 08/14/2026

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED-BLANKET FOR CONTRACTORS POLLUTION LIABILITY. INSURANCE PROVIDED BY THE CONTRACTORS POLLUTION LIABILITY IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE. THE CONTRACTORS POLLUTION LIABILITY COVERAGE CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US.

-CONTRACTORS POLLUTION LIABILITY HAS NO EXCLUSIONS FOR MOLD OR ASBESTOS

-CONTRACTORS POLLUTION LIABILITY IS BASED ON CONTRACTUAL LIABILITY.

-CONTRACTORS POLLUTION LIABILITY APPLIES TO CONSTRUCTION, REMOVAL, STORAGE, ENCAPSULATION, TRANSPORT AND DISPOSAL

OF HAZARDOUS WASTE AND CONTAMINATED SOIL AND/OR ASBESTOS ABATEMENT.

-CONTRACTORS POLLUTION LIABILITY INCLUDES DEFENSE AND CLEAN-UP COSTS.

-CONTRACTORS POLLUTION LIABILITY INCLUDES COVERAGE FOR: ON-SITE & OFF-SITE BODILY INJURY AND LOSS ARISING OUT OF THE DISCHARGE, DISPERSAL, RELEASE OR ESCAPE OF SMOKE, VAPORS, SOOT, FUMES, ACIDS, ALKALIS, TOXIC CHEMICALS, LIQUIDS OR GAS, WASTE MATERIALS OR OTHER IRRITANTS, CONTAMINANTS OR POLLUTANTS INTO OR UPON THE LAND, THE ATMOSPHERE OR ANY BODY OF WATER.

- b. When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- c. When this insurance is excess over other insurance, we will pay only our share of the amount of the "loss", if any, that exceeds the sum of:
- (1) The total amount that all such other insurance would pay for the damages in the absence of this insurance; and
 - (2) The total of all deductible and self-insured amounts under all that other insurance.
- We will share the remaining "loss", if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits Of Insurance shown in the Declarations of this Policy.

3. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the "loss" remains, whichever comes first. However, our contribution will not apply until our applicable Deductible or Self-Insured Retention is satisfied.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

G. Premium Audit

1. We will compute all premiums for this Policy in accordance with our rules, rates, rating plans, and minimum premium requirements.
2. Premium shown as Advance And Deposit Premium in the Declarations is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured shown in the Declarations. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the Policy Period is more than the earned premium, we will return the excess to the first Named Insured.
3. The first Named Insured must keep records of the information we need for premium computation and send us copies at such times as we may request.

H. Representations

By accepting this Policy, you agree:

1. The statements in the applications, other materials submitted to us, and Declarations are accurate and complete;
2. Those statements are based upon representations you made to us; and
3. We have issued this Policy in reliance upon your representations.

I. Separation Of Insureds

1. Except with respect to the limits of insurance, and any rights or duties specifically assigned to the first Named Insured shown in the Declarations, this insurance applies:
 - a. As if each Named Insured were the only Named Insured; and
 - b. Separately to each insured against whom a "claim" is made.
2. Any misrepresentation, act, or omission that is in violation of a term, duty, or condition under this Policy by one insured will not, by itself, affect coverage for another insured under this Policy. However, this condition will not apply to an insured who is a parent, subsidiary, or affiliate of the insured which committed such misrepresentation, act, or omission.

J. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this insurance, those rights are transferred to us. The insured must do nothing after "loss" to impair our rights. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Any recovery obtained through transfer of rights, after expenses incurred in such transfer of rights are deducted by us, will be applied first to the insured to the extent of any payments in excess of the Limit Of Insurance, if any; then to us to the extent of our payment under this Policy; and then to the insured to the extent of your Deductible or Self-Insured Retention.

However, we will waive any right of recovery to the extent required by written contract, provided such contract was entered into with any person(s) or organization(s) prior to the discovery of the "pollution condition" giving rise to the "loss".

SECTION VI – EXTENDED REPORTING PERIODS

With respect only to the Sudden And Accidental Discharge, Release, Or Escape of Pollutants Liability Insuring Agreement:

A. We will provide one or more Extended Reporting Periods, as described below, if:

1. The coverage provided for Sudden And Accidental Discharge, Release, Or Escape Or Pollutants Liability is cancelled or not renewed; or
2. We renew or replace the coverage provided for Sudden And Accidental Discharge, Release, Or Escape Or Pollutants Liability with insurance that:
 - a. Has a retroactive date later than the Retroactive Date shown in the Declarations; or
 - b. Does not apply to "claims" that result from a "pollution condition" on a claims-made basis.

The quotation of a different premium, deductible, or limit of insurance for renewal does not constitute a cancellation or refusal to renew for the purpose of this provision.

B. The Extended Reporting Periods do not extend the Policy Period or change the scope of coverage provided. They apply only to "claims" that result from "pollution conditions" that occur before the end of the Policy Period, but not before the Retroactive Date, if any, shown in the Declarations, provided the "claim" is first made against the insured during the Policy Period and reported to us during the Policy Period or the Extended Reporting Period.

Once in effect, the Extended Reporting Period may not be cancelled.

C. The Extended Reporting Periods will not reinstate or increase the Limits Of Insurance shown in the Declarations.

D. A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the Policy Period and lasts for 90 days.

The Basic Extended Reporting Period does not apply to "claims" that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such "claims".

E. An Optional Extended Reporting Period is available, subject to Paragraph F. below, but only by an endorsement for an additional premium of not more than 250% of the full Policy Premium. This Optional Extended Reporting Period starts when the Basic Extended Reporting Period, set forth in Paragraph D. above, ends and will be effective for up to 60 months.

You must give us a written request for the endorsement within 90 days after the end of the Policy Period. The Optional Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due.

This endorsement will set forth the terms, not inconsistent with this section, applicable to the Optional Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Optional Extended Reporting Period starts.

F. We do not have to provide an Optional Extended Reporting Period if:

1. There is any failure to pay any outstanding premiums when due;
2. You fail to repay any Self-Insured Retention or Deductible amount we have paid;
3. You have purchased any other insurance to replace the insurance provided under this endorsement;
4. The application for this Policy, including any addenda thereto, contains any material misrepresentation of fact; or
5. This Policy is terminated for fraud or non-payment of premium.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following, where indicated by an "X" in the checkbox(es) below:

- ☐ COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- ☒ CONTRACTOR'S POLLUTION LIABILITY COVERAGE FORM
- ☐ PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
- ☐ SITE POLLUTION AND ENVIRONMENTAL COVERAGE FORM

- A. The Who Is An Insured section is amended to include as an additional insured any person or entity with whom the Named Insured has agreed to provide additional insured status in a written contract or agreement that was executed prior to the commencement of operations.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the written contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to the Limits Of Insurance section:

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the written contract or agreement; or
 - b. Available under the applicable Limits Of Insurance shown in the Declarations;
- whichever is less.

This endorsement will not increase the applicable Limits Of Insurance shown in the Declarations.

- C. With respect to the insurance afforded to these additional insureds, the following is added to the Other Insurance condition under the Conditions section:

Primary And Noncontributory

This insurance will be primary to and will not seek contribution from any other insurance available to such additional insured.

All other terms and conditions remain unchanged.

182-567-8 283

BR000-01 - 0073

#BWNDHBS

#XWXW0021XXXXXXXX5#

CITY OF OKLAHOMA CITY

420 W Main St

Oklahoma City, OK 73102-4437