



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2026

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 HUB International Midwest Limited 203 N La Salle St Ste 2000 Chicago IL 60601	CONTACT NAME: CSU Chicago Midwest PHONE (A/C, No, Ext): 312-922-5000 E-MAIL ADDRESS: CSUChicago@hubinternational.com FAX (A/C, No):
INSURED Industrial/Organizational Solutions, Inc. d/b/a I/O Solutions IOS 1520 Kensington Road, Suite 110 Oak Brook IL 60523	INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Company INSURER B: Allmerica Financial Benefit Insurance Company INSURER C: Philadelphia Indemnity Insurance Company INSURER D: INSURER E: INSURER F:
	NAIC # 22292 41840 18058

COVERAGES**CERTIFICATE NUMBER:** 1482124640**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC ☐ OTHER:			Z2C A346279 13	7/4/2026	7/4/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			AWC-A346115-12	7/4/2026	7/4/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			Z2C A346279 13	7/4/2026	7/4/2027	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Professional Liability			PHSD1806201-022	7/4/2026	7/4/2027	Limit - Each Claim 2,000,000 Limit - Aggregate 2,000,000 Deductible 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Retro Date 7/4/1997

Coverage: Cyber Liability; Insurer: Certain Underwriters at Lloyds; Policy No: ESP0240888777; Policy Period: 7/4/26 to 7/4/27; Limit: \$5,000,000.

Coverage: Excess Errors & Omissions; Insurer: Certain Underwriters at Lloyds; Policy No: XS260957; Policy Period: 7/4/26 to 7/4/27; Limit: \$1,000,000/\$1,000,000.

Re: Professional Services Agreement

See Attached...

2026 JUL 20 AM 11:09
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City
Attn: Amy Simpson
100 N. Walker, Suite 200
Oklahoma City 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

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AGENCY CUSTOMER ID: INDUSOL-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY HUB International Midwest Limited		NAMED INSURED Industrial/Organizational Solutions, Inc. d/b/a I/O Solutions IOS 1520 Kensington Road, Suite 110 Oak Brook IL 60523
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

The City of Oklahoma City is included as an additional insured under General Liability when agreed in a written agreement subject to policy terms, conditions, and exclusions.