

PO Box 2915
Bloomington, IL 61702-2915



AT2 004712 1200 01
CITY OF OKLAHOMA CITY
200 N WALKER AVE
OKLAHOMA CITY OK 73102-2232

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

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OKLAHOMA CITY CLERK

Amended Declarations

Policy number: 96-GJ-2723-4

Effective date: July 24, 2026

Policy period: 12 months

Expiration date: August 26, 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

BUSINESSOWNERS POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

FOREVER LINKED 918 LLC

ENTITY

Limited Liability Company

POLICY PREMIUM

This is not a bill. If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below are for the policy period and policy characteristics as described in this Declarations.

Increase in premium: \$1.44

Discounts applied:

Business Experience Rating

Protective Devices

Enclosed Building or Shopping Center

REASONS FOR DECLARATIONS

Your policy is amended effective July 24, 2026 due to some recent policy changes you requested. Enclosed is a copy of your new endorsements, if any.

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase - Business Personal Property
001	110 S Main St Ste 100 Broken Arrow OK 74012-4157	No Coverage	\$40,000	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index:	N/A
Cov B - Consumer Price Index:	323

SECTION I - DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Equipment Breakdown:	\$1,000
Money and Securities:	\$250

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%



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Coverage	Limit of Insurance
Money Orders and Counterfeit Money	\$1,000
Money and Securities	
On Premises	\$5,000
Off Premises	\$2,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers and Records	
On Premises	\$10,000
Off Premises	\$5,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Loss of Income and Extra Expense	12 Months Actual Loss Sustained

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	110 S Main St Ste 100 Broken Arrow OK 74012-4157

SECTION II - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	\$1,000,000
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000
Aggregate Limits	Limit of Insurance
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4236.2	Amendatory Endorsement (Oklahoma)
CMP-4532	Exclusion - Cyber Incident
* CMP-4541	Additional Insured - Grantor Of Licenses (Blanket)
* CMP-4543	Additional Insured - Designated Person or Organization
CMP-4561.5	Policy Endorsement
CMP-4574	Legal Action Against Us
CMP-4705.2	Loss of Income and Extra Expense
CMP-4709	Money and Securities
CMP-4788	Additional Insured - Managers or Lessors of Premises
FD-6007	Inland Marine Attaching Declarations
FE-3650	Actual Cash Value Endorsement
FE-6999.3	Policyholder Disclosure Notice of Terrorism Insurance Coverage

**New Form Attached*

SCHEDULE OF ADDITIONAL INTEREST(S)

Interest type: Managers or Lessors of Premises
 Endorsement number: CMP-4788
 Loan number: N/A

City of Oklahoma City
 200 N Walker Ave
 Oklahoma City OK 73102-2232

This policy is issued by the State Farm Fire and Casualty Company.



PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



President



Secretary

OTHER MESSAGE(S)

Note: For your protection, the law of your state requires the following to appear on this form:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PO Box 2915
Bloomington, IL 61702-2915



CITY OF OKLAHOMA CITY
200 N WALKER AVE
OKLAHOMA CITY OK 73102-2232

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

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Inland Marine Attaching Declarations

Policy number: 96-GJ-2723-4

Effective date: July 24, 2026

Policy period: 12 months

Expiration date: August 26, 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

ATTACHING INLAND MARINE

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual policy premium: Included

The above premium amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS, OPTIONS AND ENDORSEMENTS

FE-1401	Exclusion - Cyber Incident
FE-8256	Amendatory Endorsement (Oklahoma)
FE-8739	Inland Marine Conditions
FE-8743.1	Inland Marine Computer Property Form
	See below for schedule page with limits

ATTACHING INLAND MARINE SCHEDULE PAGE

Endorsement number	Coverage	Limit of insurance	Deductible amount	Annual premium
FE-8743.1	Inland Marine Computer Property Form	\$25,000	\$500	Included
	Loss of Income and Extra Expense	\$25,000		Included

Other limits and exclusions may apply - refer to your policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 96-GJ-2723-4

Named Insured:

FOREVER LINKED 918 LLC

Name And Address Of Additional Insured Person Or Organization:

City of Oklahoma City

200 N Walker Ave

Oklahoma City OK 73102-2232

Location Of Premises (Part Leased To You):

110 S Main St

Ste 100

Broken Arrow OK 74012-4157

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.
2. With respect to the insurance afforded the additional insured, this insurance does not apply to:
 - a. Any "occurrence" or offense which takes place after you cease to be a tenant in the premises shown in the Schedule.
 - b. Structural alterations, new construction or demolition operations performed by or for that additional insured.
3. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
4. **Primary Insurance.** The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.

