



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/24/2026

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).

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>PRODUCER</b><br>Higginbotham Insurance Agency, Inc.<br>15660 N Dallas Parkway #700<br>Dallas TX 75248 | <b>CONTACT NAME:</b> Alondra Howard             |
|                                                                                                          | <b>PHONE</b><br>(A/C, No, Ext): 817-900-9805    |
| <b>INSURED</b><br>Mbroh Engineering, Inc.<br>13601 Preston Rd., #900W<br>Dallas TX 75230                 | <b>FAX</b><br>(A/C, No): 817-347-6981           |
|                                                                                                          | <b>E-MAIL ADDRESS:</b> AHoward@higginbotham.net |
|                                                                                                          | <b>INSURER(S) AFFORDING COVERAGE</b>            |
|                                                                                                          | <b>INSURER A:</b> RLI Insurance Company         |
|                                                                                                          | <b>INSURER B:</b>                               |
|                                                                                                          | <b>INSURER C:</b>                               |
| <b>INSURER D:</b>                                                                                        |                                                 |
| <b>INSURER E:</b>                                                                                        |                                                 |
| <b>INSURER F:</b>                                                                                        |                                                 |

**COVERAGES** **CERTIFICATE NUMBER:** 1150333600 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b><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"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | PSB0007311    | 10/26/2025              | 10/26/2026              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                         |           |          | PSA0002833    | 10/26/2025              | 10/26/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                        |           |          | PSE0003654    | 10/26/2025              | 10/26/2026              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$                                                                                                                                                                                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                  | Y/N       | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                  |
| A        | Professional Liability<br>Claims Made Policy<br>Retro Date: 07/28/2006                                                                                                                                                                                                                                                                                         |           |          | RDP0063106    | 7/28/2026               | 7/28/2027               | Each Claim 2,000,000<br>Aggregate 4,000,000<br>Deductible Per Claim 15,000                                                                                                                                                                        |

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

The General Liability, Hired & Non-Owned Automobile policies include include a blanket automatic additional insured endorsement that provides additional insured status (General Liability additional insured status includes ongoing and completed ops) to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability, Automobile Hired and Non-Owned policy and Workers' Compensation policies include a blanket automatic waiver of subrogation endorsement that provides this feature to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such provision.  
See Attached...

**CERTIFICATE HOLDER** **CANCELLATION**

|                                                                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The City of Oklahoma City<br>Department of Public Works<br>420 West Main Street, 7th Floor<br>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<br><br>2026 AUG 4 PM 1:03<br>OKLAHOMA CITY CLERK                                                                                     |

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                                               |           |                                                                                         |
|-----------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| AGENCY<br>Higginbotham Insurance Agency, Inc. |           | NAMED INSURED<br>Mbroh Engineering, Inc.<br>13601 Preston Rd., #900W<br>Dallas TX 75230 |
| 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 General Liability and Auto Liability policies include a blanket Primary & Non-Contributory endorsement that applies to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such provision.

The Umbrella policy is Follow Form to the General Liability, Hired & Non-Owned Automobile and Employer Liability policies.  
RE: Project Number: PC-0742  
Project Name: OKC-NE 23rd Street

Certificate holder is insured as noted above and complete to include: The City of Oklahoma City