



POE&ASS-01

KSTEBBINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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 Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	CONTACT NAME:	
	PHONE (A/C, No, Ext): (405) 840-4351	FAX (A/C, No): (405) 842-1009
	E-MAIL ADDRESS: kstebbins@messerbowers.com	
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : The Charter Oak Fire Ins Co	25615
	INSURER B : THE PHOENIX INSURANCE CO	25623
	INSURER C : Travelers Indemnity Co.	25658
	INSURER D : THE TRAVELERS INDEMNITY CO	25658
	INSURER E : Travelers Casualty & Surety Company of America	31194
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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 ☐ PROJECT ☐ LOC OTHER:	☒	☒	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	☒	☒	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED ☒ RETENTION \$ 10,000			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	☒ 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	☒	UB 008K158882 26 47	8/1/2026	8/1/2027	☒ 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	Valuable Papers			680 00H770068 26 47	8/1/2026	8/1/2027	Limit \$ 1,000,000
E	Professional Liab			105841819	8/1/2026	8/1/2027	Per Claim/Ded 25k \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job MC-0761-F

Engineering services. General Liability Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liability is subject to a total aggregate limit of \$6,000,000 / Auto Liability Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General liability, Auto liability and Employer's liability.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City & Its Participating
Public Trusts
420 W Main Ste 700
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

2026 AUG 10 PM4:07
OKLAHOMA CITY CLERK



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Messer-Bowers Company		NAMED INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Re: Project MC-0761-F, Civil Engineering Services

Certificate Holder is incl as Additional Insured for General Liability(on a primary and non contributory basis) & Auto Liability, incl a waiver of subrogation, all when required by written contract. Waiver of subrogation applies in favor of the holder as respects Employer's Liability when required by written contract. 30DNOC applies as respects General Liability, Auto Liability & Employer's Liability in favor of the cert holder, endorsement available upon request



POE&ASS-01

KSTEBBINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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 Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	CONTACT NAME: PHONE (A/C, No, Ext): (405) 840-4351 FAX (A/C, No): (405) 842-1009 E-MAIL ADDRESS: kstebbins@messerbowers.com														
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Charter Oak Fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B : THE PHOENIX INSURANCE CO</td><td>25623</td></tr><tr><td>INSURER C : Travelers Indemnity Co.</td><td>25658</td></tr><tr><td>INSURER D : THE TRAVELERS INDEMNITY CO</td><td>25658</td></tr><tr><td>INSURER E : Travelers Casualty & Surety Company of America</td><td>31194</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Charter Oak Fire Ins Co	25615	INSURER B : THE PHOENIX INSURANCE CO	25623	INSURER C : Travelers Indemnity Co.	25658	INSURER D : THE TRAVELERS INDEMNITY CO	25658	INSURER E : Travelers Casualty & Surety Company of America	31194	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : The Charter Oak Fire Ins Co	25615														
INSURER B : THE PHOENIX INSURANCE CO	25623														
INSURER C : Travelers Indemnity Co.	25658														
INSURER D : THE TRAVELERS INDEMNITY CO	25658														
INSURER E : Travelers Casualty & Surety Company of America	31194														
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** **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 ☐ PROJECT ☐ LOC OTHER:	☒	☒	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	☒	☒	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED ☒ RETENTION \$ 10,000			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒	☒	UB 008K158882 26 47	8/1/2026	8/1/2027	☒ 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	Valuable Papers			680 00H770068 26 47	8/1/2026	8/1/2027	Limit \$ 1,000,000
E	Professional Liab			105841819	8/1/2026	8/1/2027	Per Claim/Ded 25k \$ 2,000,000

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

Job MC-0618-B-2

Engineering services. General Liability Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liability is subject to a total aggregate limit of \$6,000,000 / Auto Liability Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General liability, Auto liability and Employer's liability.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
The City of Oklahoma City & Its Participating Public Trusts 420 W Main Ste 700 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. 2026 AUG 10 PM 4:07 OKLAHOMA CITY CLERK AUTHORIZED REPRESENTATIVE <i>John BOWEN</i>



LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Messer-Bowers Company		NAMED INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Re: Project MC-0618-B, Amendment #2

Certificate Holder is incl as Additional Insured for General Liability(on a primary and non contributory basis) & Auto Liability, incl a waiver of subrogation, all when required by written contract. Waiver of subrogation applies in favor of the holder as respects Employer's Liability when required by written contract. 30DNOC applies as respects General Liability, Auto Liability & Employer's Liability in favor of the cert holder, endorsement available upon request



POE&ASS-01

KSTEBBINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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 Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	CONTACT NAME:	PHONE (A/C, No, Ext): (405) 840-4351	FAX (A/C, No): (405) 842-1009
	E-MAIL ADDRESS: kstebbins@messerbowers.com		
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : The Charter Oak Fire Ins Co		25615
	INSURER B : THE PHOENIX INSURANCE CO		25623
	INSURER C : Travelers Indemnity Co.		25658
	INSURER D : THE TRAVELERS INDEMNITY CO		25658
	INSURER E : Travelers Casualty & Surety Company of America		31194
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **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 ☐ PROJECT ☐ LOC OTHER:	X	X	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	X	X	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED ☒ RETENTION \$ 10,000			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	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	N/A	UB 008K158882 26 47	8/1/2026	8/1/2027	☒ 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	Valuable Papers			680 00H770068 26 47	8/1/2026	8/1/2027	Limit \$ 1,000,000
E	Professional Liab			105841819	8/1/2026	8/1/2027	Per Claim/Ded 25k \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job PC-0977-81

Engineering services. General Liability Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liability is subject to a total aggregate limit of \$6,000,000 / Auto Liability Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General liability, Auto liability and Employer's liability.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER The City of Oklahoma City & It's Participating Public Trusts 420 W Main St, Ste 700 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 <i>John Lowe</i> 2026 AUG 10 PM 4:07 OKLAHOMA CITY CLERK
--	--



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Messer-Bowers Company		NAMED INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Re: PC-0977, N. Pennsylvania Ave, ADA Sidewalk & Bus Pad Design, PC-0978, N.E 16th Street Katy Trail to Redbud Dr., ADA Sidewalk & Design, PC-0979, I-240, Western Ave to Walker Ave., ADA Sidewalk Design, PC-0980, I-240, Santa Fe Ave., to Byers Ave., ADA Sidewalk Design, PC-0981, N.E 4th Street, from N Lottie Ave. to N. MLK Ave. Bike Lane Design

Certificate Holder is included as Additional Insured for General Liability(on a primary and non contributory basis) & Auto Liability, including a waiver of subrogation, all when required by written contract. 30DNOC applies as respects General Liability, Auto Liability & Employer's Liability in favor of the cert holder, endorsement available upon request



POE&ASS-01

KSTEBBINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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 Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	CONTACT NAME: PHONE (A/C, No, Ext): (405) 840-4351 E-MAIL ADDRESS: kstebbins@messerbowers.com FAX (A/C, No): (405) 842-1009														
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Charter Oak Fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B : THE PHOENIX INSURANCE CO</td><td>25623</td></tr><tr><td>INSURER C : Travelers Indemnity Co.</td><td>25658</td></tr><tr><td>INSURER D : THE TRAVELERS INDEMNITY CO</td><td>25658</td></tr><tr><td>INSURER E : Travelers Casualty & Surety Company of America</td><td>31194</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Charter Oak Fire Ins Co	25615	INSURER B : THE PHOENIX INSURANCE CO	25623	INSURER C : Travelers Indemnity Co.	25658	INSURER D : THE TRAVELERS INDEMNITY CO	25658	INSURER E : Travelers Casualty & Surety Company of America	31194	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : The Charter Oak Fire Ins Co	25615														
INSURER B : THE PHOENIX INSURANCE CO	25623														
INSURER C : Travelers Indemnity Co.	25658														
INSURER D : THE TRAVELERS INDEMNITY CO	25658														
INSURER E : Travelers Casualty & Surety Company of America	31194														
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

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:	☒	☒	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	☒	☒	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☒ Y ☒ N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB 008K158882 26 47	8/1/2026	8/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Valuable Papers			680 00H770068 26 47	8/1/2026	8/1/2027	Limit \$ 1,000,000
E	Professional Liab			105841819	8/1/2026	8/1/2027	Per Claim/Ded 25k \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job WM-0299-3

Engineering services. General Liability Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liability is subject to a total aggregate limit of \$6,000,000 / Auto Liability Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General liability, Auto liability and Employer's liability.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City & It's Participating
Public Trusts
420 W Main St, Ste 700
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

2026 AUG 10 PM4:07
OKLAHOMA CITY CLERK



ADDITIONAL REMARKS SCHEDULE

AGENCY Messer-Bowers Company		NAMED INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Re: WM-0299-3 Lake Watershed Protection Program, Lake Hefner and Lake Stanley Draper; and WM-0356-3 Road Rehabilitation, Lake Hefner and Lake Stanley Draper (added by Amendment No 3) - Contract for Engineering Services.
Certificate Holder is included as Additional Insured for General Liability and Auto Liability including a waiver of subrogation when required by a written contract.



POE&ASS-01

KSTEBBINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2026

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 Messer-Bowers Company 6701 N Broadway Suite 201 Oklahoma City, OK 73116	CONTACT NAME: PHONE (A/C, No, Ext): (405) 840-4351 E-MAIL ADDRESS: kstebbins@messerbowers.com FAX (A/C, No): (405) 842-1009														
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Charter Oak Fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B : THE PHOENIX INSURANCE CO</td><td>25623</td></tr><tr><td>INSURER C : Travelers Indemnity Co.</td><td>25658</td></tr><tr><td>INSURER D : THE TRAVELERS INDEMNITY CO</td><td>25658</td></tr><tr><td>INSURER E : Travelers Casualty & Surety Company of America</td><td>31194</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Charter Oak Fire Ins Co	25615	INSURER B : THE PHOENIX INSURANCE CO	25623	INSURER C : Travelers Indemnity Co.	25658	INSURER D : THE TRAVELERS INDEMNITY CO	25658	INSURER E : Travelers Casualty & Surety Company of America	31194	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : The Charter Oak Fire Ins Co	25615														
INSURER B : THE PHOENIX INSURANCE CO	25623														
INSURER C : Travelers Indemnity Co.	25658														
INSURER D : THE TRAVELERS INDEMNITY CO	25658														
INSURER E : Travelers Casualty & Surety Company of America	31194														
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

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:	X	X	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	X	X	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ EXCESS LIAB DED ☒ RETENTION \$ 10,000 ☒ OCCUR ☐ CLAIMS-MADE			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	☒ 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	N/A	UB 008K158882 26 47	8/1/2026	8/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Valuable Papers			680 00H770068 26 47	8/1/2026	8/1/2027	Limit \$ 1,000,000
E	Professional Liab			105841819	8/1/2026	8/1/2027	Per Claim/Ded 25k \$ 2,000,000

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

Job PC-0760

Engineering services. General Liability Incl's: Automatic Additional Insd on a primary and non contributory basis, Automatic Waiver of Subrogation and 30dnoc (except 10 for non pay) in favor of the holder. General Liability is subject to a total aggregate limit of \$6,000,000 / Auto Liability Incl's: Automatic Additional Insd, Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder / Work Comp Incl's: Automatic Waiver of Subrogation, 30dnoc (except 10 for non pay) in favor of the holder, all when req'd by written contract. Professional Liability Aggregate \$5,000,000. Excess Liab is follow form to: General liability, Auto liability and Employer's liability.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City & It's Participating
Public Trusts
420 W Main St, Ste 700
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

2026 AUG 10 PM4:08
OKLAHOMA CITY CLERK



ADDITIONAL REMARKS SCHEDULE

AGENCY Messer-Bowers Company		NAMED INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Re: PC-0760 Roadway Widening

Certificate Holder is included as Additional Insured for General Liability(on a primary and non contributory basis) & Auto Liability, including a waiver of subrogation, all when required by written contract. 30DNOC applies as respects General Liability, Auto Liability & Employer's Liability in favor of the cert holder, endorsement available upon request