CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/13/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. T CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZ 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 Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego CA 92186 License#: 0H18131	**CONTACT NAME:** Gloria Bell **PHONE (A/C, No, Ext):** 858-242-5779 **FAX (A/C, No):** 858-452-7530 **E-MAIL ADDRESS:** Gloria.Bell@MarshMMA.com
INSURED HP Communications, Inc. 13341 Temescal Canyon Road Corona, CA 92883	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Greenwich Insurance Company — 22322 **INSURER B :** XL Specialty Insurance Company — 37885 **INSURER C :** Atlantic Specialty Insurance Company — 27154 **INSURER D :** QBE Specialty Insurance Company — 11515 **INSURER E :** Starr Indemnity & Liability Company — 38318 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 153226560 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR X BI/PD Ded:10,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			CGS745990906	7/15/2026	7/15/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY X $10k Ded.			CAS742915803	7/15/2026	7/15/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ See Attached for $ Hired Auto $ Physical damage
D E	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			140002846 1001261322261	7/15/2026 7/15/2026	7/15/2027 7/15/2027	EACH OCCURRENCE AGGREGATE See page 3 for	$ 20,000,000 $ 20,000,000 $ additional info
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [N] N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CWG745990806	7/15/2026	7/15/2027	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	Deductible: N/A $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Contractors Equipment Floater - ACV			7100336610013	7/15/2026	7/15/2027	Scheduled: $7,134,389 Rented: $200,000 Item Deductible: $2,500	

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

RE: Proof of Insurance

2026 JUL 20 PM3:07
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

City of Oklahoma City
City Hall
200 North Walker
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

Gloria J Bell

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC	NAMED INSURED HP Communications Inc.
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

ADDITIONAL COVERAGE

Professional Liability
Carrier: Berkley Assurance Company
Policy #: PCADB50284760725
Term: 7/15/26 - 7/15/27
$5,000,000 Each Claim Limit / $5,000,000 Aggregate
$25,000 Deductible Each Claim

Pollution Coverage
Carrier: Berkley Assurance Company
Policy #: PCADB50284760725
Term: 7/15/26 - 7/15/27
$10,000,000 Each Claim Limit / $10,000,000 Aggregate
$50,000 Deductible Each Claim

Crime Coverage
Carrier: Travelers Cas & Surety Co of America
Policy #: 105983294
Term: 7/15/26 - 7/15/27
Employee Theft of Client Property: $1,000,000; $10,000 Retention
Fiduciary Limit: $1,000,000; $0 Retention

Installation Floater / Property Coverage
Carrier: Atlantic Specialty Insurance Company
Policy #: 7100336610013
Term: 7/15/26 - 7/15/27
Actual Cash Value
$2,000,000 Limit w/ $2,500 Deductible
Business Personal Property Coverage: $556,600 Limit w/ $1,000 Deductible
Business Interruption / Extra Expense Coverage: $500,000 Limit

Cyber Liability
Carrier: Travelers Excess and Surplus Lines Company
Policy #: CYB10807182402
Term: 7/15/26 - 7/15/27
Aggregate Limit: $1,000,000
Retention: $25,000

Auto
Hired Auto Physical Damage (Comp. & Collision): $100,000 Limit
Comp. Deductible: $2,500; Collision Deductible: $2,500
Hired / Borrowed Auto Liability: $1,000,000 Limit
Non-Owned Auto Liability: $1,000,000 Limit

Employment Practices Liability Insurance
Carrier: Swiss Re Corporate Solutions America
Policy #: PMP100048901
Term: 7/15/26 - 7/15/27
$1,000,000 Limit
$100,000 Deductible
Claims Made Policy
Prior and Pending Date: 7/25/2017

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC	NAMED INSURED HP Communications Inc.
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

ADDITIONAL COVERAGE

Excess Liability
Carrier: Texas Insurance Company / MS Transverse Specialty Insurance Company
Policy number: JTR26EIAN0487402
Term: 7/15/26 - 7/15/27
Limits: $5M x $10M

Excess Liability
Carrier: Gotham Insurance Company
Policy Number: EX202600008268
Term: 7/15/26 - 7/15/27
Limits: $5M x $15M