POE&ASS-01 | KSTEBBINS

ACORD

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
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : The Charter Oak Fire Ins Co — 25615
INSURED Poe & Associates, Inc. 1601 Northwest Expressway, Ste 515 Oklahoma City, OK 73118	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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X	X	680 00H770068 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	X	X	BA 7P642421 26 47 G	8/1/2026	8/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CUP 004A030120 26 47	8/1/2026	8/1/2027	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB 008K158882 26 47	8/1/2026	8/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 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-0978
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. 2026 AUG 10 PM4:25 OKLAHOMA CITY CLERK AUTHORIZED REPRESENTATIVE John Bowerstl

ACORD

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-0978, N.E 16th Street Katy Trail to Redbud Dr., ADA Sidewalk & 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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/4/2026

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

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

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.

Re: Project NOS WC-0953, 12 Inch Water Main Relocation and SC-1028, 8 Inch Sanitary Sewer Relocation
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 PM4:26
OKLAHOMA CITY CLERK

ACORD

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:
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

ACORD

POE&ASS-01 | KSTEBBINS

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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

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 :	

INSURED
Poe & Associates, Inc.
1601 Northwest Expressway, Ste 515
Oklahoma City, OK 73118

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X 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
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							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X 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	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X 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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	UB 008K158882 26 47	8/1/2026	8/1/2027	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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Re: Project PC-0559, Roadway Widening and Improvements South Sara Rd from SW 15th St to SW 29th Street.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER
The City of Oklahoma City & Its Participating Public Trusts
420 W Main 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.

2026 AUG 10 PM4:26
OKLAHOMA CITY CLERK

AUTHORIZED REPRESENTATIVE
John Bowerstl

AGENCY CUSTOMER ID: POE&ASS-01 KSTEBBINS

LOC #: 1

ACORD

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

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

Description of Operations/Locations/Vehicles:
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

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

Job PC-0981

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AGENCY CUSTOMER ID: POE&ASS-01 KSTEBBINS

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Messer-Bowers Company		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-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