



SCHWPAV01C

JMAYORGA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2026

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 INSURICA 5100 N. Classen Blvd, #300 Oklahoma City, OK 73118	CONTACT NAME: Jasmin Mayorga, CISR, CRIS	
	PHONE (A/C, No, Ext): (405) 556-2288	FAX (A/C, No): (405) 556-2332
INSURED Schwarz Paving Company, Inc. 8251 W. Reno Oklahoma City, OK 73127	E-MAIL ADDRESS: Jasmin.Mayorga@INSURICA.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Casualty Insurance Company of America	NAIC # 19046
	INSURER B: Travelers Property Casualty Company of America	25674
	INSURER C: CompSource Mutual Insurance Company	36188
	INSURER D:	
INSURER E:		
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:			CO3L752226	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							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			8103L642652	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N / A If yes, describe under DESCRIPTION OF OPERATIONS below			03556847	10/1/2026	10/1/2027	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

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

RE: Paving 300 NE 70th St - Ozzy Ave

The City of Oklahoma City is named as Additional Insured with respect to General Liability and Auto Liability as required by written contract and in accordance with policy terms and conditions. Thirty (30) Days Notice of Cancellation is provided with respect to General Liability, Auto Liability, and Workers Compensation by scheduled endorsement as required by written contract and in accordance with policy terms and conditions.

2026 OCT 5 PM3:38
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City 420 W. Main, Ste 700 Oklahoma City, OK 73102-0000	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



SCHWPAV01C

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PRODUCER INSURICA 5100 N. Classen Blvd, #300 Oklahoma City, OK 73118	CONTACT NAME: Jasmin Mayorga, CISR, CRIS		
	PHONE (A/C, No, Ext): (405) 556-2288	FAX (A/C, No): (405) 556-2332	
	E-MAIL ADDRESS: Jasmin.Mayorga@INSURICA.com		
INSURED Schwarz Paving Company, Inc. 8251 W. Reno Oklahoma City, OK 73127	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Travelers Casualty Insurance Company of America		19046
	INSURER B : Travelers Property Casualty Company of America		25674
	INSURER C : CompSource Mutual Insurance Company		36188
	INSURER D :		
	INSURER E :		
	INSURER F :		

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			CO3L752226	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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			8103L642652	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	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	03556847	10/1/2026	10/1/2027	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			QT6309S024541	10/1/2026	10/1/2027	Described Premises 50,000

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

RE: Arterial Street Resurfacing

The City of Oklahoma City is named as Additional Insured with respect to General Liability and Auto Liability as required by written contract and in accordance with policy terms and conditions. Thirty (30) Days Notice of Cancellation is provided with respect to General Liability, Auto Liability, and Workers Compensation by scheduled endorsement as required by written contract and in accordance with policy terms and conditions. The City of Oklahoma City is named as Loss Payees on Valuable Papers insurance.

2026 OCT 5 PM3:38
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City
and its beneficiary trusts
420 W. Main St., Suite 400
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



SCHWPAV01C

J MAYORGA

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PRODUCER
INSURICA
5100 N. Classen Blvd, #300
Oklahoma City, OK 73118

CONTACT NAME: Jasmin Mayorga, CISR, CRIS

PHONE (A/C, No, Ext): (405) 556-2288

FAX (A/C, No): (405) 556-2332

E-MAIL ADDRESS: Jasmin.Mayorga@INSURICA.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Casualty Insurance Company of America

19046

INSURER B: Travelers Property Casualty Company of America

25674

INSURER C: CompSource Mutual Insurance Company

36188

INSURER D:

INSURER E:

INSURER F:

INSURED

Schwarz Paving Company, Inc.
8251 W. Reno
Oklahoma City, OK 73127

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC ☐ OTHER:			CO3L752226	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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			8103L642652	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	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	03556847	10/1/2026	10/1/2027	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			QT6309S024541	10/1/2026	10/1/2027	Described Premises 50,000

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

RE: Arterial Street Resurfacing Unit Price Contract

Certificate Holder is named Additional Insured with respect to General Liability and Auto Liability as required by written contract and in accordance with policy terms and conditions. Thirty (30) Days Notice of Cancellation is provided with respect to General Liability, Auto Liability, and Workers Compensation by scheduled endorsement as required by written contract and in accordance with policy terms and conditions. Certificate Holder is named as loss payee with respect to valuable papers coverage.

2026 OCT 5 PM3:38
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City
and its beneficiary trusts
420 W. Main St., Suite 200
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



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INSURED Schwarz Paving Company, Inc. 8251 W. Reno Oklahoma City, OK 73127	INSURER(S) AFFORDING COVERAGE		NAIC #
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	INSURER D :		
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A	☒ COMMERCIAL GENERAL LIABILITY			CO3L752226	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☐ POLICY ☒ PROJECT ☐ LOC						
	OTHER:						
B	AUTOMOBILE LIABILITY			8103L642652	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			03556847	10/1/2026	10/1/2027	PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☒ N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Arterial Street Resurfacing

The City of Oklahoma City and its beneficiary trusts are named as Additional Insured with respect to General Liability and Auto Liability as required by written contract and in accordance with policy terms and conditions. Thirty (30) Days Notice of Cancellation is provided with respect to General Liability, Auto Liability, and Workers Compensation by scheduled endorsement as required by written contract and in accordance with policy terms and conditions.

2026 OCT 5 PM3:38
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City and its beneficiary trusts
420 W. Main, Ste 700
Oklahoma City, OK 73102-0000

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

[Signature]



SCHWPAV01C

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A	☒ COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☒ OCCUR			CO3L752226	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
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							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☐ POLICY ☒ PRO-JECT ☐ LOC						
	OTHER:						
B	AUTOMOBILE LIABILITY						
	☒ ANY AUTO			8103L642652	10/1/2026	10/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y/N	N/A	03556847	10/1/2026	10/1/2027	PER STATUTE ☐ OTH-ER ☐
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: NW 4th from Western to Broadway

The City of Oklahoma City is named as Additional Insured with respect to General Liability and Auto Liability as required by written contract and in accordance with policy terms and conditions. Thirty (30) Days Notice of Cancellation is provided with respect to General Liability, Auto Liability, and Workers Compensation by scheduled endorsement as required by written contract and in accordance with policy terms and conditions.

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OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City
420 W. Main, Ste 700
Oklahoma City, OK 73102-0000

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AUTHORIZED REPRESENTATIVE