

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/2026

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>Insurance Agency of Mid America Inc<br>10009 S. Penn, Building E<br>P. O. Box 890300<br>Oklahoma City OK 73189 | <b>CONTACT NAME:</b> Jamie Ritz<br><b>PHONE (A/C, No, Ext):</b> (405) 691-0016 <b>FAX (A/C, No):</b> (405) 691-0415<br><b>E-MAIL ADDRESS:</b> jritz@midamericainc.com<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> National Fire Ins Co of Hartford</td> <td>20478</td> </tr> <tr> <td><b>INSURER B:</b> Valley Forge Insurance Co</td> <td>20508</td> </tr> <tr> <td><b>INSURER C:</b> Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td><b>INSURER D:</b> Evanston Ins. Co.</td> <td>35378</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> National Fire Ins Co of Hartford | 20478 | <b>INSURER B:</b> Valley Forge Insurance Co | 20508 | <b>INSURER C:</b> Continental Insurance Company | 35289 | <b>INSURER D:</b> Evanston Ins. Co. | 35378 | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------------|-------|---------------------------------------------|-------|-------------------------------------------------|-------|-------------------------------------|-------|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE                                                                                                     | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER A:</b> National Fire Ins Co of Hartford                                                                                | 20478                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER B:</b> Valley Forge Insurance Co                                                                                       | 20508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER C:</b> Continental Insurance Company                                                                                   | 35289                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER D:</b> Evanston Ins. Co.                                                                                               | 35378                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER E:</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER F:</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURED</b><br>Pedro's Concrete Company, LLC DBA PCC Group<br>P O Box 890848<br>Oklahoma City OK 73189                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** 2026/2027 w/ 2026 WC**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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

| 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>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |                                                        | 8037507061    | 03/20/2026              | 03/20/2027              | EACH OCCURRENCE \$ 1,000,000                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                        |           | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | MED EXP (Any one person) \$ 15,000                     |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | PERSONAL & ADV INJURY \$ 1,000,000                     |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | GENERAL AGGREGATE \$ 2,000,000                         |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | PRODUCTS - COMP/OP AGG \$ 2,000,000                    |               |                         |                         |                                                                                                                                                                                                           |
| B        | <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                                     |           |                                                        | 8037507044    | 03/20/2026              | 03/20/2027              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                                                                                                                                          |
|          |                                                                                                                                                                                                                                                                                                                        |           | BODILY INJURY (Per person) \$                          |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | BODILY INJURY (Per accident) \$                        |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | PROPERTY DAMAGE (Per accident) \$                      |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | \$                                                     |               |                         |                         |                                                                                                                                                                                                           |
| C        | <input 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>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                  |           |                                                        | 8037507058    | 03/20/2026              | 03/20/2027              | EACH OCCURRENCE \$ 3,000,000                                                                                                                                                                              |
|          |                                                                                                                                                                                                                                                                                                                        |           | AGGREGATE \$ 3,000,000                                 |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | \$                                                     |               |                         |                         |                                                                                                                                                                                                           |
| B        | <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<br>N  | N/A                                                    | 7063740213    | 01/21/2026              | 01/21/2027              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                        |           | Pollution-Aggregate \$ 2,000,000                       |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | Pollution-Occurrence \$ 2,000,000                      |               |                         |                         |                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                        |           | Retention \$ 10,000                                    |               |                         |                         |                                                                                                                                                                                                           |
| D        | <b>CONTRACTORS POLLUTION LIABILITY</b>                                                                                                                                                                                                                                                                                 |           |                                                        | CPLMOL142851  | 09/03/2026              | 09/03/2027              |                                                                                                                                                                                                           |

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

Sidewalk and Driveway Contractor  
 Coverage is subject to the insuring agreements, conditions & exclusions in the policy forms.

2026 SEP 3 AM 7:46  
OKLAHOMA CITY CLERK

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                  |                                                                                                                                                                                                 |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Oklahoma City<br>420 W Main St<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.<br>AUTHORIZED REPRESENTATIVE<br> |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACORD 25 (2025/12)

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| INSURER(S) AFFORDING COVERAGE                                                                                                     | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER A:</b> National Fire Ins Co of Hartford                                                                                | 20478                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER B:</b> Valley Forge Insurance Co                                                                                       | 20508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER C:</b> Continental Insurance Company                                                                                   | 35289                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER D:</b> Evanston Ins. Co.                                                                                               | 35378                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER E:</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |
| <b>INSURER F:</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                    |       |                                             |       |                                                 |       |                                     |       |                   |  |                   |  |

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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                                                                                                                                                                                                                                      |
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| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 8037507061    | 03/20/2026              | 03/20/2027              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <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 |           |          | 8037507044    | 03/20/2026              | 03/20/2027              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                   |
|          | <input 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>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                  |           |          | 8037507058    | 03/20/2026              | 03/20/2027              | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000                                                                                                                                                                                      |
|          | <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<br>N  | N/A      | 7063740213    | 01/21/2026              | 01/21/2027              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                   |
|          | <b>CONTRACTORS POLLUTION LIABILITY</b>                                                                                                                                                                                                                                                                                 |           |          | CPLMOL142851  | 09/03/2026              | 09/03/2027              | Pollution-Aggregate \$2,000,000<br>Pollution-Occurrence \$2,000,000<br>Retention \$10,000                                                                                                                                                   |

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

2026 SEP 3 AM 7:46  
OKLAHOMA CITY CLERK

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|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|