



MANHROA-01

SSPURRIER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2026

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 Rooney Insurance Agency, Inc. 5100 E Skelly Drive, Ste 1010 Tulsa, OK 74135	CONTACT NAME: Sarah Spurrier PHONE (A/C, No, Ext): (918) 878-3361 FAX (A/C, No): (918) 420-9926 E-MAIL ADDRESS: Sarah.Spurrier@rooneyinsurance.com														
INSURED Manhattan Road & Bridge Company LLC 5601 S 122nd E Ave Tulsa, OK 74146	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Travelers Indemnity Co.</td><td>25658</td></tr><tr><td>INSURER B : The Travelers Indem. Co. of CT</td><td>25682</td></tr><tr><td>INSURER C : Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER D : National Fire Insurance Company of Hartford</td><td>20478</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Co.	25658	INSURER B : The Travelers Indem. Co. of CT	25682	INSURER C : Travelers Property Casualty Company of America	25674	INSURER D : National Fire Insurance Company of Hartford	20478	INSURER E :		INSURER F :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Includes XCU GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:	☒	VTC2K-CO-1098A840-IND-26	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	☒	VTC2E-CAP-1098A852-TCT-26	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) \$
C	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000	☒	CUP-1098A968-TIL-26-25	10/1/2026	10/1/2027	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
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	UB-8P801655-26-25-K	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
D	Excess Liability		42-XSF-337332-03	10/1/2026	10/1/2027	Occurrence/Aggregate 10,000,000

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

Job OKC 1376

Project #BC-0230 & SC-1146

Project: Bridge Rehabilitation, NW 10th Street over North Grand Boulevard

The City of Oklahoma City and its beneficiary trusts are additional insured to the liability policies required by the executed contract except for workers compensation, with respect to liability arising out of the project or event as required by executed contract, and subject to all provisions and limitations of the policies. Umbrella follows form to the underlying general liability, auto liability, and workers compensation policies.

30 days notice of cancellation will be mailed to the City and/or Trust in the event of cancellation or reduction in coverage, 10 days for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

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

Kevin L. Harvone 2026 OCT 9 PM 1:52
OKLAHOMA CITY CLERK



MANHROA-01

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Job CORP

Additional Insured Endorsements are included as required by written contract.

2026 OCT 9 PM 1:50
OKLAHOMA CITY CLERK

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City ETAL Public Works Department
420 West Main, 7th Floor
Oklahoma City, OK 73102

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AUTHORIZED REPRESENTATIVE

Kevin L. Harove