

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/12/2024

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).										
PROD	UCER				CONTACT NAME:	Lynne Pie	rce			
The Insurance Center Agency, Inc.						PHONE (A/C, No, Ext): (405) 843-0793 (A/C, No): (405) 843-3208				
5600 N May Ave Ste 300						E-MAIL lynne@ticokc.com ADDRESS:				
						IN	SURER(S) AFFOR	DING COVERAGE	NAIC #	
Oklahoma City				OK 73112	INSURER	A: Charter 0	Oak Fire Ins. C	0.	25615	
INSURED					INSURER B: Travelers Property Casualty				36161	
Burgess Testing Company LLC; Burgess Engineering & Testing;					INSURER C: CompSource Mutual Ins. Co.					
	All Land Included, LLC				INSURER	D:				
	809 NW 34th St				INSURER	E:				
	Moore			OK 73160-1022	INSURER	F:				
COVERAGES CERTIFICATE NUMBER: 2023-24 no prfesnl								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	CLUSIONS AND CONDITIONS OF SUCH PO	IADDL				POLICY EFF	_AIMS.			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
								DAMAGE TO RENTED	200 000	

LTR		TYPE OF INSURANCE	INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α		CLAIMS-MADE X OCCUR			660-1T500724	02/15/2023	02/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
В	AUT	OMOBILE LIABILITY		810-1T5	810-1T503068	02/15/2023	02/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	×	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	×	UMBRELLA LIAB X OCCUR			CUP-1T50569A	02/15/2023	02/15/2024	EACH OCCURRENCE	\$ 3,000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 3,000,000
		DED RETENTION \$ 10,000							\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY			03355022 23 1	04/01/2023	04/01/2024	➤ PER STATUTE OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						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: Norman On-Call Construction Testing Services

CERTIFICATE HOLDER		CANCELLATION
City of Norman 235 N Webster Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 N Webster Ave		AUTHORIZED REPRESENTATIVE
Norman	OK 73069	Jan Laday D.