

KMCNUTT

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 05/01/2017

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).

PRO INS	DUCER URICA Express 0 Springer Dr. Suite 105	CONTACT NAME: PHONE (A/C, No, Ext): (405) 310-1583 FAX (A/C, No): (405) 556-2332										
Norman, OK 73069						E-MAIL ADDRESS: service@INSURICAexpress.com						
		INSURER(S) AFFORDING COVERAGE					NAIC #					
						INSURER A: Hartford Casualty Insurance Co.					29424	
The McKinney Partnership Architects, Rick McKinney dba 3600 W. Main, Ste. 200 Norman, OK 73072 COVERAGES CERTIFICATE NUMBER:						INSURER B:						
						INSURER C:						
						INSURER D:						
						INSURER E:						
						INSURER F:						
						REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITED HEREIN IS SI	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	NSR TYPE OF INSURANCE					BULICA EEE BULICA EAB			LIMIT	TS		
A	X COMMERCIAL GENERAL LIABILITY	IIIOD	SUBR WVD			(MINUDD/1111)	(MIND D) 1 1 1 1)	EACH OCCURREN	CE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			38SBADD5169		02/27/2017	02/27/2018	DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$	500,000	
								MED EXP (Any one		\$	10,000	
								PERSONAL & ADV		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	4,000,000	
	POLICY PRO- DOTHER:							PRODUCTS - COM	P/OP AGG	\$	4,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	2,000,000	
	ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY			38SBADD5169		02/27/2017	02/27/2018	BODILY INJURY (Pe	er person)	\$		
								BODILY INJURY (Pe	er accident)	\$		
								PROPERTY DAMAG (Per accident)	SE	\$		
										\$		
Α	UMBRELLA LIAB X OCCUR	_		38SBADD5169		02/27/2017	02/27/2018	EACH OCCURREN	CE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED X RETENTION\$ 10,000									\$	1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$		
								E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	ed)				
CERTIFICATE HOLDER						CANCELLATION						
The City of Norman Office of the Purchasing Division						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
201 C West Gray St Norman, OK 73070					AUTHORIZED REPRESENTATIVE							

ACORD 25 (2016/03)