



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2018

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 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 Hoffman-Henry Insurance Corp. PO Box 3507 Little Rock AR 72203-3507		CONTACT NAME: Cindy Burns PHONE (A/C No. Ext): (501) 377-8454 FAX (A/C, No): (501) 537-6093 E-MAIL ADDRESS: cindy.burns@stephens.com																						
INSURED Denali Water Solutions LLC 3308 Bernice Avenue Russellville AR 72802		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Hamilton Specialty Insurance</td> <td>13551</td> </tr> <tr> <td>INSURER B:</td> <td>National Union Fire Insurance</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Property Casualty Company</td> <td>25674</td> </tr> <tr> <td>INSURER D:</td> <td>AIG Property Casualty Company</td> <td>19402</td> </tr> <tr> <td>INSURER E:</td> <td>Commerce and Industry Insurance Co</td> <td>19410</td> </tr> <tr> <td>INSURER F:</td> <td>Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hamilton Specialty Insurance	13551	INSURER B:	National Union Fire Insurance	19445	INSURER C:	Travelers Property Casualty Company	25674	INSURER D:	AIG Property Casualty Company	19402	INSURER E:	Commerce and Industry Insurance Co	19410	INSURER F:	Charter Oak Fire Insurance Company	25615
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COVERAGES CERTIFICATE NUMBER: 17/18 Denali Master 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		X	Y	AHSECC10181-01	4/1/2017	4/1/2018	EACH OCCURRENCE	\$ 10,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							GL & Pollution Per Occ	\$ 100,000	
	<input checked="" type="checkbox"/> Pollution Liability							Professional Coverage is	MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Professional Liability							Claims Made - Retro 1/1/13	PERSONAL & ADV INJURY	\$ 10,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				XCUI & Separation of Inards				GENERAL AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Incl; Ded:\$10,000				PRODUCTS - COMP/OP AGG	\$ 10,000,000	
	OTHER:							Professional Liability	\$ 10,000,000	
B	AUTOMOBILE LIABILITY		X	Y	CA3181955	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO							Owned & Long Lease Ded		
	<input type="checkbox"/> ALL OWNED AUTOS							Comp/Collision \$2k/\$2k		
	<input checked="" type="checkbox"/> HIRED AUTOS							Short Term Rental Ded		
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Comp&Coll/\$3k&\$3k						BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
								Uninsured Motorist	\$ 1,000,000	
C	UMBRELLA LIAB		X	Y	ZUP81M2899717 Excess Over	4/1/2017	4/1/2018	EACH OCCURRENCE	\$ 10,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB							Auto & WC/EL	AGGREGATE	\$ 10,000,000
	DED							RETENTION \$	Excess of GL/PL/Pollution	\$ 1M/\$1M
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A	WC014220089 Other States	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
E					WC014220090 CA Only	4/1/2017	4/1/2018	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
F	Leased Equip Spec W/Theft				QT-660-4862N397-COF-17	4/1/2017	4/1/2018	Per Item Limit / Deductible	\$500K / \$5K	
	Installation Floater							Limit / Deductible	\$1M / \$2,500	

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

Certificate holder is included as Additional Insured with coverage being Primary and Non-contributory in regards to General, Pollution, and Auto Liability as required by written contract. Waiver of Subrogation in favor of Certificate Holder on General, Pollution, Auto Liability and Workers Compensation as required by written contract. Thirty (30) Day Notice of Cancellation in favor of Certificate Holder as required by written contract. Excess Liability extends over Auto and Employers Liability policies. Project includes pond dredging, dewatering, tank cleaning.

CERTIFICATE HOLDER**CANCELLATION**

Norman Utilities Authority
201 S. Gray Street #C
Norman, OK 73069

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

Richard Henry/BUCI

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