OP ID: GP

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/12/2018

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

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).

| | ODUCER | | 405-418-8600 | | | NAME: Patricia Givens | | | | | |
|---|---|--------------|---|---|--|---|-------------------|---|----------|-------------|--|
| | CH & CARTMILL - OKC 01 Cedar Lake Avenue | | | | PHONE (A/C, No, Ext): 405-418-8600 FAX (A/C, No): 405- | | | | | 118-8641 | |
| Okl | lahoma City, OK 73114 | | | | E-MAIL ADDRESS: pgivens@rcins.com | | | | | | |
| Chr | ris Webb | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# | |
| | | | | | INSURER | A: Contine | ental Ins Co |). | | 35289 | |
| INS | SURED Triangle Construction | | | | INSURER | INSURER B: CompSource Mutual Ins Co | | | | 36188 | |
| & Utility, LLC 2241 S 49th West Avenue | | | | | | INSURER C: | | | | | |
| | Tulsa, OK 74107-2209 | | | | INSURER | INSURER D: | | | | | |
| | | | | | INSURER | E: | | | | | |
| | | | | | INSURER | F: | | | | | |
| COVERAGES CER | | | CATE | E NUMBER: | REVISION NUMBER: | | | | | | |
| C IV | THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR M. EXCLUSIONS AND CONDITIONS OF SU | REQUI | REME TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFORDS | OF ANY O | CONTRACT HE POLICIES | OR OTHER I | DOCUMENT WITH RESP | PECT TO | WHICH THIS | |
| INSR LTR TYPE OF INSURANCE | | | L SUBR | | | | POLICY EXP | | | | |
| A | | INSL | WVD | , ocio i Nomber | (IV | ARVIDDIYYYY) | (MIMILIDITY YYY) | EACH OCCURRENCE | s s | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | 6050289680 | | 10/01/2017 | 10/01/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 15,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | POLICY X PRO- | | | | | | | PRODUCTS - COMP/OP AGO | 3 \$ | 2,000,000 | |
| | OTHER: | | $oldsymbol{ol}}}}}}}}}}}}}}}}}$ | | | | | | \$ | | |
| Α | AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | | | | 6050289677 | 1 | 10/01/2017 | 10/01/2018 | BODILY INJURY (Per person) | s | | |
| | | | | | | | | BODILY INJURY (Per accider | nt) \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | 10/01/2018 | EACH OCCURRENCE | \$ | 2,000,000 | |
| | EXCESS LIAB CLAIMS-MA | /DE | | 6050289694 | 10/01/20 | 10/01/2017 | | AGGREGATE | \$ | 2,000,000 | |
| | DED X RETENTION \$ 100 | 00 | | | | | | | \$ | | |
| В | AND EMPLOYERS' LIABILITY | | | | | | | X PER OTH | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | /N N/A | | 03195367 | 10/01/20 | 10/01/2017 | 10/01/2018 | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | (Mandatory in NH) | \"' <i>"</i> | 1 | | | | | E.L. DISEASE - EA EMPLOY | EE \$ | 500,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMI | т \$ | 500,000 | |
| Α | | | | 6050289680 | 1 | 10/01/2017 | 10/01/2018 | Any Item | | 200,000 | |
| | | | | | | | | Max Limit | | 225,000 | |
| | | | | | | | l J | : | | | |
| | SCRIPTION OF OPERATIONS / LOCATIONS / VE Dject: Cottages at Cedar Ridge | HICLES (| ACORI | D 101, Additional Remarks Schedu | ule, may be a | attached if more | e space is requir | red) | • | | |
| ΓIŲ | Jeci. Collages at Cedal Ridge | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CE | ERTIFICATE HOLDER | | | | CANCE | LLATION | | | | | |
| <u>UL</u> | KINIOATE HOLDER | | | OKTURP2 | TCANCE | LLATION | | | | | |
| | | | | | SHOUL | LD ANY OF T | THE ABOVE D | ESCRIBED POLICIES BE | CANCEL | LLED BEFORE | |
| | Oklahoma Turnpike Aı | ıthorit | v | | THE E | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | • | • | 1 | ACCURDANCE WITH THE POLICY PROVISIONS. | | | | | | | |

ACORD 25 (2016/03)

Oklahoma Turnpike Authority 3500 N Martin Luther King Ave Oklahoma City, OK 73111

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AUTHORIZED REPRESENTATIVE

The (1)