

Certificate Date \_\_\_\_\_

**THE CITY OF TULSA, OKLAHOMA  
CERTIFICATE OF INSURANCE**

Property or  
Contract No. \_\_\_\_\_

Producer (name, address & phone number):

NOTE: THIS CERTIFICATE CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. NOR DOES IT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, EXCEPT AS SHOWN BELOW

**COMPANIES AFFORDING COVERAGE**

Insured (name and address):

COMPANY A  
COMPANY B  
COMPANY C  
COMPANY D

COVERAGE: THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED(S) NAMED ABOVE FOR THE POLICY PERIOD INDICATED HEREIN. THE POLICIES SHOWN ON THIS CERTIFICATE ARE DEEMED PRIMARY TO ANY INSURANCE CARRIED BY THE CITY OF TULSA, OKLAHOMA, FOR THE SPECIFIC LOCATION, PROJECT OR EVENT.

| CO<br>LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                   |           |
|-----------|---|---------------|-------------------------------------|--------------------------------------|--|-----------|
|           |   |               |                                     |                                      |  |           |
|           | <b>General Liability</b><br><br>___ COMMERCIAL<br>GENERAL LIAB.<br>___ Claims Made<br>___ Occurrence<br><br>___ OCP<br>___                        |               |                                     |                                      | EACH OCCURRENCE                          | \$        |
|           |   |               |                                     |                                      | FIRE DAMAGE (Any one fire)               | \$        |
|           |   |               |                                     |                                      | MED EXP (Any one person)                 | \$        |
|           |   |               |                                     |                                      | PERSONAL & ADV INJURY                    | \$        |
|           |   |               |                                     |                                      | GENERAL AGGREGATE                        | \$        |
|           |   |               |                                     |                                      | PRODUCTS-COMP/OP AGG                     | \$        |
|           |   |               |                                     |                                      |  | \$        |
|           | <b>Automobile Liability</b><br><br>___ ANY AUTO<br>___ ALL OWNED AUTOS<br>___ SCHEDULED AUTOS<br>___ HIRED AUTOS<br>___ NON-OWNED<br>AUTOS<br>___ |               |                                     |                                      | COMBINED SINGLE LIMIT<br>(Each Accident) | \$        |
|           |   |               |                                     |                                      | BODILY INJURY<br>(Per person)            | \$        |
|           |   |               |                                     |                                      | BODILY INJURY<br>(Per accident)          | \$        |
|           |   |               |                                     |                                      |  | \$        |
|           | <b>Excess Liability</b><br><br>___ OCCURRENCE<br>___ CLAIMS MADE<br><br>___ DEDUCTIBLE<br>___ RETENTION<br>\$ _____                               |               |                                     |                                      | EACH OCCURRENCE                          | \$        |
|           |   |               |                                     |                                      | AGGREGATE                                | \$        |
|           |   |               |                                     |                                      |  |           |
|           |   |               |                                     |                                      |  |           |
|           |   |               |                                     |                                      |  |           |
|           | <b>Workers<br/>Compensation and<br/>Employers'<br/>Liability</b>  |               |                                     |                                      | ___ WC Statu-<br>tory Limits             | ___ Other |
|           |   |               |                                     |                                      | E.L. EACH ACCIDENT                       | \$        |
|           |   |               |                                     |                                      | E.L. DISEASE-EA EMPLOYEE                 | \$        |
|           |   |               |                                     |                                      | E.L. DISEASE-POLICY LIMIT                | \$        |
|           | <b>Other</b><br>(as required by Contract)   |               |                                     |                                      |  |           |

**DESCRIPTION OF OPERATIONS/VEHICLE/SPECIAL PROVISIONS**

The City of Tulsa, Oklahoma, is an additional insured with respect to liability arising out of the work performed and/or services and materials provided pursuant to Contract No. \_\_\_\_\_, TAC No. \_\_\_\_\_.

**CERTIFICATE HOLDER(S)**

The City of Tulsa , Oklahoma  
Purchasing Department  
175 E. 2nd St.  
Tulsa, Oklahoma 74103

**CANCELLATION**  
IT IS AGREED THAT NONE OF THESE POLICIES WILL BE CANCELLED OR CHANGED, EXCEPT IN THE APPLICATION OF THE AGGREGATE LIABILITY LIMIT PROVISIONS, SO AS TO AFFECT THE INSURANCE DESCRIBED IN THIS CERTIFICATE UNTIL AFTER 30 DAYS PRIOR WRITTEN NOTICE OF SUCH CANCELLATION OR REDUCTION IN COVERAGE AND 10 DAYS WRITTEN NOTICE OF NONRENEWAL FOR NONPAYMENT OF PREMIUM HAS BEEN DELIVERED TO THE CERTIFICATE HOLDER.

**AUTHORIZED REPRESENTATIVE SIGNATURE**

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

**(PLEASE READ CAREFULLY)**  
EXPLANATION OF THE CITY OF TULSA'S CERTIFICATE OF INSURANCE FORM

The City of Tulsa, Oklahoma, requires the use of this Certificate of Insurance as evidence that the insurance requirements of the contract have been complied with and will continue as long as the contract is in force. The City relies on this Certificate as proof of compliance with the insurance requirements that the vendor/contractor has agreed to provide. The City must be advised of any cancellation or nonrenewal of the required insurance coverage or any reduction in the coverage provided in compliance with the contract as shown in the Certificate of Insurance. Thirty (30) days prior written notice of cancellation or reduction in coverage (other than an aggregate limit provision reduction) and ten (10) days written notice of nonrenewal for nonpayment of premium must be provided to the City so the City can take appropriate action.

Many certificates of insurance are received by the City which contain statements claiming that the certificate is issued as a matter of information only and confers no rights upon the certificate holder. A common example is, "Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail (number of days) days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives." This is unacceptable.

The City has the right of notice of cancellation, nonrenewal and reduction of coverage as a requirement in the contract. The City relies upon the Certificate of Insurance as evidence of contract compliance.

The authorization requirement (that the authorized representative signing the Certificate of Insurance provide written acknowledgment by the insurance company or companies to the City) is written proof that the person signing the Certificate is legally authorized by the insurance company or companies to obligate them, as shown in the Certificate.

The City must have positive evidence in the form of the Certificate of Insurance that the insurance requirements of the contract have been met and will continue to be met without interruption during the term of the contract.

No activity will begin on the contract until the executed Insurance Certificate is received. Your cooperation in providing the City with acceptable evidence of insurance compliance will prevent confusion and delay.