

Producer (name, address & phone number): Insured (name and address):	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 <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> COMPANY A COMPANY B COMPANY C COMPANY D
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COVERAGE: THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED(S) FOR THE POLICY PERIOD INDICATED HEREIN. THE POLICIES SHOWN ON THIS CERTIFICATE ARE DEEMED PRIMARY TO ANY INSURANCE CARRIED BY THE INSURED(S) FOR THE SPECIFIC LOCATION, PROJECT OR EVENT.

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

DESCRIPTION OF OPERATIONS/VEHICLE/SPECIAL PROVISIONS

The Tulsa Airports Improvement Trust, Tulsa Airport Authority, The City of Tulsa, and their trustees, councilors, agents, officers, servants, and employees are named as additional insured.

CERTIFICATE HOLDER(S) TULSA AIRPORTS IMPROVEMENT TRUST ATTN: CONTRACTS ADMINISTRATOR PO BOX 581838 Tulsa, Oklahoma 74158-1838	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 (____) _____
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