

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/30/2023

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.

16	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	e ter	ms and conditions of the	e polic Ich end	y, certain po lorsement(s)	licies may re	AL INSURED provision equire an endorsemen	ns or be nt. A sta	endorsed. atement on	
PRODUCER						CONTACT NAME:					
	erty Mutual Insurance			PHONE (A/C, No, Ext): 800-962-7132 FAX (A/C, No): 800-845-3666							
PO Box 188065						E-MAIL ADDRESS: BusinessService@LibertyMutual.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
Fair	field	- 14	OH 45018	INSURER A: CITIES COUNTY INSURED COMPANY					24082		
INSU	RED			INSURER B: The Ohio Casualty Insurance Company 24074							
Heartland Sports Turf Llc						INSURER C:					
428627 E 1135 Cir						INSURER D:					
					INSURER E:						
Porum OK 74455					INSURE	RF:		DEVISION NI IMPED:	2016-03		
COVERAGES CERTIFICATE NUMBER: 0373624669 REVISION NUMBER: 2016-03 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. ADDLISUBR ADDLISUBR POLICY EFF POLICY EXP. LIMITS											
INSR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM		00,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)			
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$ 1,000,000 \$ 15,000		
_		х	x	BKS66458563		06/30/2023	06/30/2024	PERSONAL & ADV INJURY	4 000 000		
A	GEN'L AGGREGATE LIMIT APPLIES PER:	^		Dittoco icocco		00/00/2020		GENERAL AGGREGATE	2 200 200		
	X POLICY X PRO-							PRODUCTS - COMP/OP AGO	0.000.000		
-	OTHER: AUTOMOBILE LIABILITY		 					COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accider	INJURY (Per accident) \$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
				3 - 20 - 20 - 30 - 30 - 30 - 30 - 30 - 3				(i or aconsonic)	\$		
\vdash	X UMBRELLA LIAB X OCCUR					06/30/2023	06/30/2024	EACH OCCURRENCE	\$ 2,0	00,000	
В	EXCESS LIAB CLAIMS-MADE		x x	USO66458563	-			AGGREGATE \$ 2,		00,000	
	DED X RETENTION \$ 10,000							1071	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves. describe under							E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE \$			
	DESCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POLICY LIMI	T \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)			
Scott and Reid General Contractors is Additional Insured if required by written contract or written agreement subject to General Liability Blanket Additional											
Insured Provision.											
CF	RTIFICATE HOLDER		CAN	CANCELLATION							
	Scott and Reid General Cor	ors		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	15207 Addison Rd.			AUTHORIZED REPRESENTATIVE							
	Addison		TX 75001	Catholic Curtis Luken							



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

if th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to the	ne ter	rms and conditions of th	e polic	cy, certain po dorsement(s	olicies may ı \.	require an endorsement	. A st	atement on	
	DUCER				CONTACT NAME:						
Lib	erty Mutual Insurance				PHONE 900 062 7422 FAX 900 945 2666						
PO Box 188065						(A/C, No. Ext): 000-902-7132 (A/C, No): 000-045-3006 E-MAIL ADDRESS: BusinessService@LibertyMutual.com					
					INSURER(S) AFFORDING COVERAGE					NAIC#	
Fairfield OH 45018						INSURER A: Ohio Security Insurance Company					
INSU	RED				INSURER B: The Ohio Casualty Insurance Company 2407					24074	
Heartland Sports Turf Llc						INSURER C:					
	428627 E 1135 Cir		INSURER D :								
					INSURER E:						
Porum				OK 74455	INSURER F:						
COVERAGES CER			CATE	NUMBER: 0286057846							
C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS	
INSR LTR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	CLAIMS-MADE X OCCUR	x	x		o		06/30/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000	
	SE MING ME LET GOOGLE					06/30/2023		MED EXP (Any one person)	000		
Α				BKS66458563				PERSONAL & ADV INJURY	00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			The district and the second of				GENERAL AGGREGATE	00,000		
	X POLICY X PRO-									00,000	
	OTHER:			orberochasis and a business strate of a					\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	No received							i di doordeni)	\$		
	X UMBRELLA LIAB X OCCUR					V 77.00	EACH OCCURRENCE	\$ 2,0	00,000		
В	EXCESS LIAB CLAIMS-MADE	Х	Х	USO66458563		06/30/2023	06/30/2024	AGGREGATE	\$ 2,0	00,000	
	DED X RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION				-88			PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1117.74						E.L. DISEASE - EA EMPLOYEE \$		175698 125	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is require	ed)			
Oto	e-Missouria Tribe 7 Clans First Council Ca	cino	and D	V Dark is Additional Insurad	if-con	inad bu vanittan	contract or we	ittan			
	bility Blanket Additional Insured Provision.		anu K	v raik is Additional histiled	in requi	ned by written	contract of wi	men agreement subject to G	enerai		
Lla	onty Dianket Additional insuled Provision.										
										7001 - 100 -	
CE	RTIFICATE HOLDER				CAN	CELLATION					
Otoe-Missouria Tribe 7 Clans						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
First Council Casino And Rv Park						AUTHORIZED REPRESENTATIVE					
12875 N Highway 77						222 Curtis Luken					
Newkirk				OK 74647	Curtis Luken						