

EMPLOYERS MUTUAL CASUALTY COMPANY

C O M M E R C I A L U M B R E L L A D E C L A R A T I O N S

Policy Period: From 07/01/26 to 07/01/27

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\* Policy Number \*  
\* 5 J 3 - 0 6 - 1 2---27 \*  
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N A M E D I N S U R E D

P R O D U C E R

OKLAHOMA COUNTY PHARMACY  
320 ROBERT S KERR AVE STE 222  
OKLAHOMA CITY OK 73102-3414

THE BILL BECKMAN CO INC  
118 N 16TH ST  
PO BOX 429  
MUSKOGEE OK 74402-0429

AGENCY BILL

AGENT: AL 5908  
AGENT PHONE: (918)683-7844  
CLAIM REPORTING: (888)362-2255  
SERVICING CARRIER: (316)352-5700

Insured is CORPORATION

Business Desc: PHARMACY

L I M I T S O F I N S U R A N C E

Each Occurrence Limit (Liability Coverage) \$ 3,000,000

Personal & Advertising Injury Limit \$ 3,000,000  
(Any one person or organization)

Aggregate Limit (Liability Coverage) \$ 3,000,000  
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 1,590.00

A \$100 MINIMUM POLICY PREMIUM APPLIES  
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE.

Forms Applicable:

CU0001(04/13), CU0005(12/23), CU0101(10/10), CU2123(02/02),  
CU2127(12/04), CU2130(01/15), CU2136(01/15), CU2171(06/15),  
CU2186(12/23), CU2429(12/19), CU3454(05/23), CU3456(12/23),  
CU7001A(11/15), CU7276(03/21), CU7293(08/06), CU7346(11/20),  
CU7404.1(10/08), IL0017(11/98), IL0179(10/02), IL0236(09/07),  
IL7004(03/20), IL7131A(04/01)\*, IL7168(01/22), IL7615(08/25)\*,  
IL8383.2A(12/20), IL8384A(01/08)

Refer to prior distribution(s) for any forms not attached

EMPLOYERS MUTUAL CASUALTY COMPANY  
OKLAHOMA COUNTY PHARMACY

POLICY NUMBER: 5J3-06-12---27  
EFF DATE: 07/01/26 EXP DATE: 07/01/27

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

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YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
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For additional information, please contact your agent



EMPLOYERS MUTUAL CASUALTY COMPANY  
OKLAHOMA COUNTY PHARMACY

Policy Number: 5J30612---27  
Eff Date: 07/01/26 Exp Date: 07/01/27

C O M M E R C I A L U M B R E L L A S C H E D U L E  
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R E T A I N E D L I M I T  
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Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE  
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Businessowners Liability

Company: EMC Property & Casualty Company  
Policy Number: 5W30612 Policy Period: 07/01/26 to 07/01/27

Minimum Applicable Limits

Liability and Medical Expenses	\$ 1,000,000	Each Occurrence
Products/Completed Operations	\$ 2,000,000	Aggregate
O/T Products/Completed Operations	\$ 2,000,000	Aggregate

\*Includes Pharmacist Liability  
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Bill To OKLAHOMA COUNTY COMMISSIONERS 320 ROBERT S KERR ROOM 101 OKLAHOMA CITY, OK 73102	Requisition 12700557-00 FY 2027  Acct No: UNDEFINED ACCOUNT. Review: Buyer: 6065cmjescla Status: Created
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Vendor THE BECKMAN COMPANY PO BOX 18858  OKLAHOMA CITY, OK 73154	Ship To OKLAHOMA COUNTY COMMISSIONERS 320 ROBERT S KERR ROOM 101 OKLAHOMA CITY, OK 73102
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Deliver To  
 OKLAHOMA COUNTY COMMISSIONERS  
 320 ROBERT S KERR  
 ROOM 101  
 OKLAHOMA CITY, OK 73102

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
06/22/26	000307				General Government

LN Description / Account	Qty	Unit Price	Net Price
General Notes ----- Approved to bind at BOCC 6/24/2026. JAC			
001 Umbrella Policy FY27. Approved to bind at BOCC 6/24/2026. JAC	1.00 EACH	1590.00000	1590.00

Ship To  
 OKLAHOMA COUNTY COMMISSIONERS  
 320 ROBERT S KERR  
 ROOM 101  
 OKLAHOMA CITY, OK 73102

Deliver To  
 OKLAHOMA COUNTY COMMISSIONERS  
 320 ROBERT S KERR  
 ROOM 101  
 OKLAHOMA CITY, OK 73102

[Requisition Link](#)

Requisition Total 1590.00

\*\*\*\*\* General Ledger Summary Section \*\*\*\*\*  
 Account Amount Remaining Budget