



6/18/2026

Oklahoma County Pharmacy  
320 Robert S. Kerr #222  
Oklahoma City, OK 73102

RE: 2026-2027 Business Owners Policy/5W30612

Attn: Jessica Clayton

We are pleased to present the renewal proposal for the 2026-2027 policy period.

**Company:** Employers Mutual Casualty Company AM Best Rated A

**Location #1:** 5905 N. Classen Oklahoma City, OK 73118-5948

- The following endorsement **BP0430 Protective Safeguards** – Continues as a condition of this insurance, you are required to maintain the Protective Safeguards: Alarm-Motion, Fire, Smoke, Water, Exterior and Panic Alarm

Personal Property Limit: \$266,733.

Deductible \$1,000.

**Limits of Liability**

\$1,000,000. Liability

\$5,000. Medical Expenses (Per Person)

\$2,000,000. Other than Products / Completed Operations Aggregate

\$2,000,000. Products/completed Operations Aggregate

\$300,000. Damage to Premises Rented to You

\$100,000. Employment Practices Liability

Pharmacists Liability Included based on 4 part time employees

Annual Premium: \$4,613.00

118 N.16<sup>th</sup> Street, P.O. Box 429,  
Muskogee, Oklahoma 74402-0429  
PH: 918-683-7844 Fax: 918-687-0244  
Watts: 1-800-259-4677

6601 N Broadway Ext., Suite 130, P.O. Box 18858  
Oklahoma City, Oklahoma 73154-0858  
PH: 405-842-2337 Fax: 405-842-0051  
Watts 1-800-699-5905

On the renewal quote you will notice that it notes (No Compounding or Re-labeling of drugs) The example that was given where the medication comes from the manufacture the amount was correct and the county places their own label over the manufacture label, that is not considered relabeling. If you do take the medication and label, it is different than the manufacture directions that would be relabeling.

- Cyber Incident Exclusion Form BP1560 02-21
- BOP Property Valuation Increase Form BP8021 07-21
- CDE-Pandemic, Epidemic, PHE PH NOTICE BP8082 08-21
- Cyber Incident Exclusion End Notice Form BP8083 08-21

Cyber coverage was rejected on the 2016 renewal, if you would like a quote this year, please let us know and we would be glad to quote the coverage.

**Umbrella:**

Limit of Liability is \$3,000,000.

Annual Premium \$1,590.00

Your current coverage will expire 07/01/26. If you wish to renew and agree with the proposed coverage, then please let me know by **06/26/26** at the latest.

Sincerely,

*Pam Johnson*

Pamela C. Johnson  
The Beckman Company  
pjohnson@beckmancompany.com  
Website: www.beckmancompany.com



EMC PROPERTY & CASUALTY COMPANY

PRIOR POLICY: 5W3-06-12

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

POLICY PERIOD: FROM 07/01/26 TO 07/01/27

\*-----\*
\* POLICY NUMBER \*
\* 5 W 3 - 0 6 - 1 2---27 \*
\*-----\*

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

INSURED IS:CORPORATION Business Desc: PHARMACY

In Return for the Payment of the Premium, & Subject to all the Terms of This Policy, We Agree with You to Provide the Insurance as Stated in this Policy.

P R O P E R T Y - Businessowners Coverage Form

Refer to SECTION I-PROPERTY in the Businessowners Coverage Form and Any Schedule or Endorsements Attached.

L I A B I L I T Y & M E D I C A L P A Y M E N T S

Except for Damage to Premises Rented to You, Each Paid Claim for the Following Coverages Reduces the Amount of Insurance We Provide During the Policy Period. Refer To SECTION II-LIABILITY in the Businessowners Coverage Form, the Following Schedule and Any Attached Endorsements.

Limits of Insurance

Table with 2 columns: Description and Amount. Rows include Liability and Medical Expenses (Each Occurrence) \$ 1,000,000; Medical Expenses (Per Person) \$ 5,000; Other Than Products/Completed Operations Aggregate \$ 2,000,000; Products/Completed Operations Aggregate \$ 2,000,000; Damage to Premises Rented to You (Any One Premises) \$ 300,000.

P R O P E R T Y L I A B I L I T Y & M E D I C A L P A Y M E N T S

The following Optional Coverages/Endorsements (and/or applicable limits) modifies insurance provided under Section I - Property and/or Section II Liability of the Businessowners Coverage Form.

Businessowners Extension Endorsement See BP7100

\*Businessowners Premium \$ 4613.00

DATE OF ISSUE: 06/03/26 (BPP)

(CONTINUED)

EMC PROPERTY & CASUALTY COMPANY

POLICY NUMBER: 5W3-06-12---27

OKLAHOMA COUNTY PHARMACY

EFF DATE: 07/01/26

EXP DATE: 07/01/27

B U S I N E S S O W N E R S P O L I C Y  
D E C L A R A T I O N S

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*BP0003	07-13	BUSINESSOWNERS COVERAGE FORM	
*BP0140	10-10	OKLAHOMA CHANGES	
*BP0190	07-02	OKLAHOMA NOTICE	
*BP0404	01-10	HIRED AND NON-OWNED AUTO LIABILITY	
		HIRED AUTO LIABILITY	\$ 68
		NON-OWNED AUTO LIABILITY	\$ 120
*BP0523	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*BP0542	01-15	EXCL OF PUNITIVE DAMAGES FOR TERRORI	
*BP0577	01-06	FUNGI OR BACTERIA EXCLUSION (LIAB)	
*BP0807	07-13	PHARMACISTS	
*BP1504	12-23	EXCL-ACCESS/DISCLOSURE OF CONFIDENT	
*BP1530	09-19	CANNABIS PROPERTY EXCLUSION	
*BP1532	09-19	CANNABIS LIABILITY EXCLUSION	
*BP1560	02-21	CYBER INCIDENT EXCLUSION	
*BP1591	12-23	EXCL-PERFLUOROALKYL-POLYFLUOROALKYL	
*BP1803	12-23	CYBER INCIDENT LIABILITY EXCLUSION	
*BP1804	12-23	EXCL-VIOLATION OF LAW DATA PRIVACY	
*BP7001.2A	01-19	BOP SCHEDULE-MISC PROP POL LEVEL COV	
*BP7001.3A	01-10	BOP SCHEDULE-SEC II-LIAB AND MED PAY	
*BP7001.4A	02-20	BOP SCHEDULE-MISC LIAB POL LEVEL COV	
*BP7001A	01-10	BOP AUTOMATED SCHEDULE	
*BP7003	07-13	BOP QUICK REFERENCE	
*BP7100	01-19	BUSINESSOWNERS EXTENSION ENDORSEMENT	
*BP7117	08-21	CDE-PANDEMIC, EPIDEMIC, OR PH EMERG	
*BP7486	01-19	EQUIPMENT BREAKDOWN ENDORSEMENT	
*BP7493	05-22	ASBESTOS EXCLUSION	
*BP8021	07-21	BOP PROPERTY VALUATION INCREASE	
*BP8082	08-21	CDE-PANDEMIC, EPIDEMIC, PHE PH NOTIC	
*IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7170	09-24	ACTUAL CASH VALUE DEFINITION	
*IL7213.21	02-23	EMPLOYMENT PRACTICES LIAB INS COV	
*IL7215	06-19	EMPLOYMENT PRACTICES LIAB EXCLUSIONS	
*IL7615	08-25	OKLAHOMA COMPANY ELIMINATION	
*IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 24
*IL8384A	01-08	TERRORISM NOTICE	
*IL8493	01-25	ACTUAL CASH VALUE DEFINITION - PHN	
*IL8549	12-06	OK ADDENDUM TO POLICY DECS - EPLI	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

DATE OF ISSUE: 06/03/26

FORM: IL7131A (ED. 04-01)

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5W30612 2701

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

DISCLOSURE PURSUANT TO  
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$24.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC. WITH ITS PERMISSION

DATE OF ISSUE: 06/03/26

FORM: IL8383.2A(12-20)

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5W30612 2701



INSURANCE

PAGE NO: 2

EMC PROPERTY & CASUALTY COMPANY  
OKLAHOMA COUNTY PHARMACY

POLICY NO: 5W3-06-12---27  
EFF DATE: 07/01/26 EXP DATE: 07/01/27

B U S I N E S S O W N E R S S C H E D U L E  
M I S C E L L A N E O U S P R O P E R T Y  
P O L I C Y L E V E L C O V E R A G E S

Coverage

Limits of Insurance

EQUIPMENT BREAKDOWN

See BP7486

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DATE OF ISSUE: 06/03/26 (BPP)

EMC PROPERTY & CASUALTY COMPANY  
OKLAHOMA COUNTY PHARMACY

POLICY NO: 5W3-06-12---27  
EFF DATE: 07/01/26 EXP DATE: 07/01/27

B U S I N E S S O W N E R S S C H E D U L E  
M I S C E L L A N E O U S L I A B I L I T Y  
P O L I C Y L E V E L C O V E R A G E S

Coverage	Limit of Insurance	Premium
HIRED AUTO LIABILITY	Included	\$ 68
NON-OWNED LIABILITY	Included	\$ 120
PHARMACISTS LIABILITY	Included	\$ 85
EMPLOYMENT PRACTICES LIABILITY (ROLL-ON)	\$ 100,000 Aggregate	\$ 71
DEDUCTIBLE: \$10,000		
NUMBER OF EMPLOYEES: 2		
THIRD PARTY VIOLATIONS: NO		
ORIGINAL INCEPTION DATE: 10/07/2014		

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC. WITH ITS PERMISSION  
DATE OF ISSUE: 06/03/26 (BPP)

Bill To OKLAHOMA COUNTY COMMISSIONERS 320 ROBERT S KERR ROOM 101 OKLAHOMA CITY, OK 73102	Requisition 12700556-00 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 Business Owners Policy - Pharmacy FY27, Approved at BOCC 6/24/2026. JAC	1.00 EACH	4613.00000	4613.00

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 4613.00

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