



**The City of
OKLAHOMA CITY**
Finance Department

Amendment No. 1 and Renewal No. 2

March 18, 2025

Arrow Wrecker Service, Inc.
700 N Villa
Oklahoma City, OK 73107

Dear Vendor:

The City of Oklahoma City Police Department requests to renew and amend Wrecker Services for Impounded Vehicles for the term May 1, 2025 through April 30, 2026. The contract expires on April 30, 2025. This amendment will not be effective until after Council approval.

Staff has been notified towing coverage for Zone 4 will need to be absorbed by the current vendors covering Zones 1-3. By signing this document Arrow Wrecker Service, Inc., Zone 1, has agreed to cover towing services for Zone 4 as needed.

Please indicate your concurrence or non-concurrence by completing the requested information, including signature and return to me. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

This document will be attached to your contract as an amendment.

If you have any questions, please contact me at (405) 297- 1918 or Caleb.Gutel@okc.gov.

Thank you,

Caleb Gutel
Senior Buyer

.....
☒ Yes, I agree to the contract renewal and amendment per the above mentioned.

[] No, I do not agree to amend the contract.

Sign Here

x

Signature of Individual

Alfred W. Muzny

Owner
Title

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesman or Manager signs this form, a letter of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Printed Name of Individual

Alfred W. Muzny
Arrow Wrecker Service Inc. 700 N. Villa Ave OKC, OK 73107

Company Name and Address (Please Print)

Zip Code

405 943 1800

FAX 405 236 3502

Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of * Oklahoma)

County of * Oklahoma)

SS.

[*State and County where notarized must be written in.]

Signed and sworn to before me this 28 day of March, 2025 by

Alfred W. Muzny

[Printed Name of Individual who signed above]

My Commission Number: 22010741

My Commission Expires: 08-08-2026

Sarah Herrera

Notary Public Printed Name

Sarah Herrera

Notary Public Signature



APPROVED by Council and signed by the Mayor of the City of Oklahoma City this 6TH
day of MAY, 2025.

ATTEST:

Amy K. Simpson
CITY CLERK



David Holt
MAYOR

REVIEWED for form and legality.

Jonathan Garcia
ASSISTANT MUNICIPAL COUNSELOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

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.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER YouZoom Insurance Services, Inc 10801 Mastin Blvd Ste 950 Overland Park KS 66210	CONTACT NAME: PHONE (A/C, No, Ext): 888-240-8803 FAX (A/C, No): 877-835-1833 E-MAIL ADDRESS: AMServiceCenter@arrowheadgrp.com
INSURED Arrow Wrecker Service Inc. DBA Arrow Auto Sales 700 N Villa Ave Oklahoma City OK 73107	INSURER(S) AFFORDING COVERAGE INSURER A: Trisura Insurance Company INSURER B: General Star Indemnity Company INSURER C: Accident Fund Insurance Company of America INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 761810110 **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	149 TTS OK 100441-00	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		149 TTS OK 100441-00	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		IXG679775	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	AF WCP 100047793 03	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Garagekeepers		149 TTS OK 100441-00	7/1/2024	7/1/2025	Limit	See Desc of Ops
A	Motor Truck Cargo		149 TTS OK 100441-00	7/1/2024	7/1/2025	*Single Conveyance	200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Garagekeepers Location/Limits
700 North Villa Avenue, Oklahoma City OK / Limit \$500,000
1613 West Main Street, Oklahoma City OK / Limit \$500,000

*Cargo Per Disaster Limit \$1,000,000, Deductible \$1,000
The City of Oklahoma City and other Contracting Entity are listed as Additional Insured with respect to the General Liability Policy

CERTIFICATE HOLDER The City of Oklahoma City Procurement Services Division 100 N. Walker, Suite 100 Oklahoma City OK 73102	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>YouZoom Insurance Services, Inc.</i>
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