



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

APPROVED

03-25-2025

BY THE CITY COUNCIL
Amy M. Simpson CITY CLERK

January 28, 2025

Renewal No. 2

Fox Scientific, Inc.
8221 East FM 917
Alvarado, TX 76009

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247007** for **Laboratory Chemicals Supplies Consumables, Equipment** for the term **3/28/2025 through 3/27/2026** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **February 10, 2025**. 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.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

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

Thank you,

Caleb Gutel

Caleb Gutel, Senior Buyer
Procurement Services

Yes, I would like to renew per the above mentioned.
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

Paisley Green

PRINTED NAME
Vice President

TITLE
Paisley Green

AUTHORIZED SIGNATURE
Fox Scientific, Inc.

COMPANY NAME
8221 East FM 917

STREET ADDRESS
Alvarado, TX 76009

CITY, STATE AND ZIP CODE
(800) 369-5524 ext 312

BUSINESS TELEPHONE
paisley.g@foxscientific.com

CONTACT E-MAIL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2025

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 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 ROACH HOWARD SMITH & BARTON/PHS 46464128 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 (A/C, No, Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED Fox Scientific, Inc. 8221 E FM 917 ALVARADO TX 76009-6032		INSURER(S) AFFORDING COVERAGE INSURER A : Twin City Fire Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC# 29459

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		46 SBA AA5609	05/29/2024	05/29/2025	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		46 SBA AA5609	05/29/2024	05/29/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE	OTHER
A	EMPLOYMENT PRACTICES LIABILITY	N/A		46 SBA AA5609	05/29/2024	05/29/2025	E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
							Each Claim Limit	\$10,000
							Aggregate Limit	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. City of Oklahoma City are an additional insured per the Business Liability Coverage Form SS0008 and the Hired Auto and Non Owned Auto Endorsement SS0666, attached to this policy. RE: The description needs to state: Bid Number 23724.

CERTIFICATE HOLDER

City of Oklahoma City and its Trusts
 100 N WALKER AVE
 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

Susan L. Castaneda

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OKLAHOMA CITY
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APPROVED
03-25-2025

January 28, 2025

Renewal No. 2

BY THE CITY COUNCIL
Amy H. Simpson CITY CLERK

Thomas Scientific LLC
1654 High Hill Road
Swedesboro, NJ 8085

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247009 for Laboratory Chemicals Supplies Consumables, Equipment** for the term **3/28/2025 through 3/27/2026** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **February 10, 2025**. 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.

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Thank you,

Caleb Gutel

Caleb Gutel, Senior Buyer
Procurement Services

Yes, I would like to renew
per the above mentioned.
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

James Morrel

PRINTED NAME
SVP Sales (SLED Division)

TITLE *James Morrel*

AUTHORIZED SIGNATURE
Thomas Scientific, LLC

COMPANY NAME
1654 High Hill Road

STREET ADDRESS
Swedesboro, NJ 08085

CITY, STATE AND ZIP CODE
800-345-2100

BUSINESS TELEPHONE
quotes@thomassci.com

CONTACT E-MAIL