



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

03-25-2025

BY THE CITY COUNCIL  
*Amy K. 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](mailto: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).

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

**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	X		46 SBA AA5609	05/29/2024	05/29/2025	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	Excluded	
A	AUTOMOBILE LIABILITY	X		46 SBA AA5609	05/29/2024	05/29/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS						SCHEDULED AUTOS	BODILY INJURY (Per accident)	
	HIRE AUTOS						NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> HIRE AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS		
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE		
	OCCUR CLAIMS-MADE						AGGREGATE		
	DED RETENTION \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		
							E.L. DISEASE - POLICY LIMIT		
A	EMPLOYMENT PRACTICES LIABILITY			46 SBA AA5609	05/29/2024	05/29/2025	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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The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

January 28, 2025

Renewal No. 2

**APPROVED**  
03-25-2025

BY THE CITY COUNCIL  
*Amy K. 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).

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*Caleb Gutel*

Caleb Gutel, Senior Buyer  
Procurement Services

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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](mailto:quotes@thomassci.com)  
\_\_\_\_\_  
**CONTACT E-MAIL**