



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

Renewal No. 2

April 8, 2025

Jackson Mechanical Service Inc  
PO Box 18824  
Oklahoma City, OK 73154

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246026 for Boiler Maintenance** for the term **7/1/2025 through 6/30/2026** 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 **April 22, 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) 297-3995, Fax (405) 297-2142 or Email: [monica.hardesty@okc.gov](mailto:monica.hardesty@okc.gov).

Thank you,

*Monica Hardesty*

Monica Hardesty, 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.**

John Birdsong

**PRINTED NAME**

Vice President

**TITLE**

*John Birdsong*

**AUTHORIZED SIGNATURE**

Jackson Mechanical Services Inc.

**COMPANY NAME**

2600 N. Oklahoma Ave

**STREET ADDRESS**

Oklahoma City, Oklahoma 73105

**CITY, STATE AND ZIP CODE**

405-525-3788

**BUSINESS TELEPHONE**

[johnbirdsong@jmsokc.com](mailto:johnbirdsong@jmsokc.com)

**CONTACT E-MAIL**

**APPROVED**

5/20/2025

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/28/2025

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 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services LLC-CL</b> <b>3190 Fairview Park Drive Suite 400</b> <b>Falls Church, VA 22042-4546</b> <b>703 698-0788</b>		<b>CONTACT NAME:</b> Jocelynn Rodas <b>PHONE (A/C, No, Ext):</b> 703 698-0788 <b>E-MAIL ADDRESS:</b> usi.certrequest@usi.com <b>FAX (A/C, No):</b> 610 362-8377															
<b>INSURED</b> <b>Jackson Mechanical Service, Inc.</b> <b>2600 N. Oklahoma Ave</b> <b>Oklahoma City, OK 73105</b>		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Property Cas. Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Farmington Casualty Company</td> <td>41483</td> </tr> <tr> <td>INSURER D : St. Paul Protective Insurance Company</td> <td>19224</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Phoenix Insurance Company	25623	INSURER B : Travelers Property Cas. Co. of America	25674	INSURER C : Farmington Casualty Company	41483	INSURER D : St. Paul Protective Insurance Company	19224	INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	DTCOB0610905PHX25	04/01/2025	04/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	810B04986002526G	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000			CUPB06116252526	04/01/2025	04/01/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	UBB06116622526G	04/01/2025	04/01/2026	<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

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

The holder is considered an additional insured on a primary and non-contributory basis with regards to the auto and general liability when required by a written contract. Waiver of subrogation is in favor of the holder when required by a written contract and allowed by state law. 30 days notice of cancellation applies.

RE: Contract #C246026.

Additional Insured Includes: The City of Oklahoma City and its Trusts

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City and its Trusts  
 100 N. Walker, Suite 200  
 Oklahoma City, OK 73102

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



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

Renewal No. 2

April 8, 2025

Atlantic Fabrication and Design LLC  
4301 SW 44th Street  
Oklahoma City, OK 73119

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246027 for Boiler Maintenance** for the term **7/1/2025 through 6/30/2026** 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 **April 22, 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) 297-3995, Fax (405) 297-2142 or Email: [monica.hardesty@okc.gov](mailto:monica.hardesty@okc.gov).

Thank you,

*Monica Hardesty*

Monica Hardesty, 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.**

Mark Williams

**PRINTED NAME**  
Project Manager

**TITLE**  
*Mark Williams*

**AUTHORIZED SIGNATURE**  
Atlantic Fabrication and Design, LLC

**COMPANY NAME**  
4301 SW 44th street

**STREET ADDRESS**  
Oklahoma City OK 73119

**CITY, STATE AND ZIP CODE**  
(405)619-7607

**BUSINESS TELEPHONE**  
mark@afd-okc.com

**CONTACT E-MAIL**

**APPROVED**  
5/20/2025

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

# LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED  
LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY  
AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

This letter authorizes Mark Williams to  
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of Atlantic Fabrication and design, LLC  
(CONTRACTING ENTITY)

Sincerely,



Signature of Authorizing Officer

Owner

Printed Title

4/8/2025

Date

Paul Stitt

Printed Name of Authorizing Officer

pauls@afd-okc.com

Email Address of Authorizing Officer

**NOTE: If the Contracting Entity is a(n):**

<b>Corporation</b>	The authorizing officer <b><u>must</u></b> be: <b>President, Vice-President, Chairperson, or Vice-Chairperson</b>
<b>LLC</b>	The authorizing officer <b><u>must</u></b> be: <b>Manager, Managing Member, President, or Vice-President</b>
<b>Partnership</b>	The authorizing officer <b><u>must</u></b> be: <b>General Partner</b>
<b>Joint Venture</b>	The authorizing officer <b><u>must</u></b> be: <b>An Authorized Officer of Each of the Ventures</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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<b>PRODUCER</b> Graham-Rogers, Inc PO Box 930933  Atlanta GA 31193-0933		<b>CONTACT NAME:</b> The Peak Agency <b>PHONE (A/C No. Ext):</b> 405-322-5568 <b>E-MAIL ADDRESS:</b> staff@peakagencies.com <b>FAX (A/C No):</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Kinsale <b>INSURER B:</b> Mercury Insurance <b>INSURER C:</b> Compsourcee Mutual Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 38920 16810 52410   
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA350000008066	05/21/2024	05/21/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y	Y	0100230727-0	03/15/2025	03/15/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	3157170562	11/01/2024	11/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Manufacturing, installation, and service of boilers, vessels, and piping systems with welding work.  
The City of Oklahoma City and its trust are included as additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma city Oklahoma And its Trust 100N Walker Suite 200 Oklahoma City, Oklahoma 73102 Ref: Contract C246027	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 Jeremy Fischbach
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