



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

April 10, 2023

Heartland Ice  
6051 Camille Avenue  
Oklahoma City, OK 73149

**APPROVED**  
6-20-2023

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C233018 for Fragmentary Ice** for the term **7/1/2023 through 6/30/2024** 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 23rd, 2023**. 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.

KEVIN KIEU  
PRINTED NAME  
Owner  
TITLE  
*[Signature]*  
AUTHORIZED SIGNATURE  
Heartland Ice  
COMPANY NAME  
6051 Camille Ave  
STREET ADDRESS  
OK 73149  
CITY, STATE AND ZIP CODE  
405-204-8715  
BUSINESS TELEPHONE  
Heartlandice@gmail.com  
CONTACT E-MAIL



HEARICE-01

RFISH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2023

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).

<b>PRODUCER</b> Omega Insurance Agency, Inc. PO Box 1159 Choctaw, OK 73020	<b>CONTACT NAME:</b> Warren Dean Dull <b>PHONE (A/C, No, Ext):</b> (405) 769-6701 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> deand@omegainurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers <b>INSURER B:</b> American Mercury Insurance Company <b>INSURER C:</b> CompSource Mutual <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Heartland Ice Kevin Kieu 10412 Amy Way Oklahoma City, OK 73162-6918	<b>NAIC #</b> 27998 16810 36188

## 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 INSD	SUBR 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		6808361A028	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA350000005568	1/4/2023	1/4/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		02284415 23 1	5/1/2023	5/1/2024	<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	<input type="checkbox"/> Property			6808361A028	10/1/2022	10/1/2023	BPP 38,780

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

Contract #: R24-C233018

The City of Oklahoma City and its Trusts are considered an additional insured under the General Liability Policy, as required by written contract. This certificate of Insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded in the policy described herein.

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Oklahoma City and its Trusts</b> 100 N Walker Suite 200 Oklahoma City, OK 73102	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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