



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

February 21, 2025

Renewal No. 1

EasTex Tower LLC  
7345 Templeton Gap Road  
Colorado Springs, CO 80923

**APPROVED**  
5/6/2025

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00022 for Microwave Radio Equipment and Services** for the term **5/7/2025 through 5/6/2026** 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 11, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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 Spain

**PRINTED NAME**

President, EasTex Division

**TITLE**

**AUTHORIZED SIGNATURE**

EasTex Tower LLC

**COMPANY NAME**

3705 NE 104th St, Ste 100

**STREET ADDRESS**

Oklahoma City, OK 73131

**CITY, STATE AND ZIP CODE**

405-453-6100

**BUSINESS TELEPHONE**

Heath@ettower.com

**CONTACT E-MAIL**



TACENER-01

RBECKMAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2025

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

PRODUCER <b>Alliant Insurance Services, Inc.</b> 1421 Hanz Dr New Braunfels, TX 78130	CONTACT NAME: <b>Robin Beckman</b>	FAX (A/C, No):
	PHONE (A/C, No, Ext): <b>(830) 387-2001</b>	
	E-MAIL ADDRESS: <b>robin.beckman@alliant.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>ACE Property &amp; Casualty Insurance Company</b>	<b>20699</b>
INSURED  <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923	INSURER B : <b>Federal Insurance Company</b>	<b>20281</b>
	INSURER C : <b>North River Insurance Company</b>	<b>21105</b>
	INSURER D : <b>Argonaut Insurance Company</b>	<b>19801</b>
	INSURER E : <b>Lloyd's Syndicate 2488 Chubb Underwriting Agencies Limited</b>	<b>00000</b>
	INSURER F : <b>Lloyd's Syndicate 2121 (Argenta Syndicate Management Limited)</b>	<b>00000</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 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			G46608288 009	2/28/2025	2/28/2026	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			99511044	2/28/2025	2/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			582-126607-8	2/28/2025	2/28/2026	EACH OCCURRENCE \$ <b>1,000,000</b>
							AGGREGATE \$ <b>1,000,000</b>
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	92-919-845142-4	2/28/2025	2/28/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
E	Pollution Liability			B0621PENER008025	2/28/2025	2/28/2026	Poll Each Occ/Agg <b>2,000,000</b>
F	Pollution Liability			B0621PENER009825	2/28/2025	2/28/2026	Poll Each Occ/Agg <b>3,000,000</b>

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

-Umbrella and Excess Liability: Umbrella Policy #582-126607-8 (2/28/2025-2/28/2026) is with North River Insurance Company and has a \$1,000,000 limit per occurrence and \$1,000,000 aggregate that sits over the GL & WC only. Umbrella Policy # USXTL0881425 (2/28/2025-2/28/2026) is with Upland Specialty Insurance Company and has a \$1,000,000 limit per occurrence and \$1,000,000 aggregate that sits over the Auto only. The Excess Liability Policy # 1000586864251 (2/28/2025-2/28/2026) is with Starr Indemnity & Liability Company and has an excess limit of \$4,000,000 per occurrence and \$4,000,000 aggregate that sits over the North River & Upland policies. The Excess Liability Policy # NHA605235 (2/28/2025-2/28/2026) is with RSUI Indemnity Company and has an excess limit of \$5,000,000 per occurrence and \$5,000,000 aggregate over the Starr policy. These policies together provide \$10,000,000 in coverage. Both the Umbrella and Excess Liability policies are follow form over the underlying policies.  
SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma  
100 North Walker  
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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Alliant Insurance Services, Inc.</b>		NAMED INSURED <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

-Architects & Engineers Professional Liability; Error & Omissions & Pollution: Lloyds of London (2/28/2025-2/28/2026) Policy #B0621PENER008025: Limits of Liability \$2,000,000 each claim; \$2,000,000 Aggregate with \$25,000 deductible AND The Excess Professional & Pollution policy is with Lloyds of London Policy #B0621PENER009825 (2/28/2025-2/28/2026) and has an excess limit/aggregate of \$3,000,000 over the \$2M Lloyd's policy. These policies together provide \$5,000,000 in coverage. They are Claims made and reported coverage form.

-Other States Workers Compensation Coverage: Argonaut Midwest Insurance Company (2/28/2025-2/28/2026) Policy #92-919-845142-4: Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee. Argonaut policy covers AZ, NM, AL, MS, OK, CA, CO, AR, GA, LA, MT, PA, ID, FL, IA, NE, IL, KS, KY, TN, MO, IN, UT, OR, NV, MN, NC, WI, VA, WV & NY. Other States coverage covers all states including those listed previously except ND, OH, TX, WA, and WY. Coverage for TX is under Policy #0001302345 with Texas Mutual (2/28/2025-2/28/2026): Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee.

-Drone Coverage - Designated Unmanned Aircraft Coverage included on the General Liability policy with ACE American Insurance Company Policy #G46608288 009 with a \$1,000,000 in Unmanned Aircraft Liability Aggregate. Limitation of Coverage for Unmanned Aircraft System included on the Umbrella policy with Upland Specialty Insurance Company# USXTL0881425 with limits of \$1,000,000 each/aggregate. Excess Liability policy #1000586864251 with Starr is Excess over Upland Specialty policy and provides \$4,000,000 in additional limits. Excess Liability policy # NHA605235 with RSUI is Excess over Upland Specialty policy and provides \$5,000,000 in additional limits Total Drone coverage is \$11,000,000.

-The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder per coverage forms CG 2010 1001 for Ongoing operations & CG 2037 1001 for Completed Operations.

-The Commercial Auto policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.

-The Pollution policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.

-The General Liability, Commercial Auto, Workers Compensation and Pollution policies include a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

-The General Liability, Commercial Auto, Excess/Umbrella and Pollution policies contain a special provision with "Primary and Noncontributory" wording.

-30 Days' Notice of Cancellation applies to the General Liability, Auto, Umbrella/Excess, Professional/Pollution, Installation Floater and Workers Compensation policies.

-Inland Marine/Contractors Equipment/Installation Floater/Rigger's Liability: (2/28/2025-2/28/2026) Policy #06722523, written with Federal Insurance Co., Scheduled Contractors Equipment Limit \$13,753,157; Leased, Rented or Borrowed Equipment from Others is included in the Contractors Equipment Limit; \$25,000 deductible.

Installation Floater: \$3,000,000 aggregate limit not to exceed \$1,000,000 per occurrence/job site. \$250,000 in transit; \$1,000,000 temporary locations. \$2,500 deductible.

Rigger's Liability: \$1,000,000 limit

-Property policy #36041910, written with Federal Insurance Co., effective 2/28/2025 to 2/28/2026. Building, Personal Property and EDP coverage is provided per building. If you need breakdown of coverage, please ask.

-The General Liability policy contains Stop-Gap Employers Liability Coverage endorsement for Washington, Ohio, and Wyoming with \$1,000,000 limits.

- Cyber Liability: Beazley Excess and Surplus Insurance Inc. (2/28/2025-2/28/2026) Policy #D3920B250101; Limits of Liability \$5,000,000 Deductible \$50,000; Includes Liability, Cyber Crime and Media Liability. Travelers Excess and Surplus Lines Company (2/28/2025-2/28/2026) Policy #CXS10815811000; Limits of Liability \$5,000,000 Includes Liability, Cyber Crime and Media Liability.

Extended Named Insured Schedule: DAS Purchaser 1 Corp.; DAS Purchaser 2 Corp.; EasTex Tower, Inc.; EasTex Tower, LLC; Enertech Resources, LLC; JCET Holdings, LLC; Legacy Telecommunications, LLC.; Ontivity, LLC; RiggingCalc, LLC; TACTower LLC; CMS Wireless, LLC; Enertech Resources, LLC DBA ER Wireless, LLC; Mountain Wireless Construction, LLC and Ontivity, LLC DBA Integrated Wireless Solutions, LLC

The City of Oklahoma City and its Trust are included as additional insured when required by written contract.



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Alliant Insurance Services, Inc.</b>		NAMED INSURED <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Contract #: COKC00022



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

February 21, 2025

H and H Tower Services  
4122 E 213th St S  
Warner, OK 74469

**APPROVED**

5/6/2025

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00040 for Microwave Radio Equipment and** for the term **5/7/2025 through 5/6/2026** 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 11, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.**

Virgil Hughey

PRINTED NAME

CEO

TITLE

AUTHORIZED SIGNATURE  
**H&H Tower Services**

COMPANY NAME

4122 E 213th St S

STREET ADDRESS

Warner, OK 74469

CITY, STATE AND ZIP CODE

918-869-1219

BUSINESS TELEPHONE

allen@hhtowerservices.com

CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/16/2025

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

<b>Producer</b> HOWARD INSURANCE LLC 603 S ELM PL BROKEN ARROW, OK 74012-5328	<b>CONTACT</b> <b>NAME</b> HOWARD INSURANCE LLC <b>PHONE</b> (A/C, No, Ext): (918) 251-2506 <b>FAX</b> (A/C, No): <b>E-MAIL</b> <b>ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Shelter Mutual Insurance Company 23388 INSURER B: Shelter General Insurance Company 23361 INSURER C: INSURER D: INSURER E: INSURER F:
<b>Insured</b> VIRGIL HUGHEY DBA H & H TOWER SERVICES 4122 E 213TH ST S WARNER, OK 74469-2657	

**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.

INSD LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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 <input type="checkbox"/>	X		35-1-11120011-9	11/07/2024	11/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.E. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

THE CITY OF OK AND ITS TRUSTS IS LISTED AS AN ADDITIONAL INSURED VIA ENDORSEMENT PA-402.0 SS (12-22).

COKC00040

**CERTIFICATE HOLDER****CANCELLATION**THE CITY OF OK AND ITS TRUSTS  
BIDS5101 100 N WALKER AVE STE 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2025

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<b>PRODUCER</b>  Southwest General Agency P.O. Box 471315 Tulsa OK 74147-1315	<b>CONTACT NAME:</b> Southwest General Agency <b>PHONE (A/C, No, Ext):</b> 918-664-8130 <b>FAX (A/C, No):</b> 918-665-8809 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>
<b>INSURED</b>  Virgil L Hughey & Virgil A Hughey dba H & H Tower Services 4122 East 213th St. South Warner OK 74469	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Company <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/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS8091714	11/04/2024	11/04/2025	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$			CXS4035833	11/04/2024	11/04/2025	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Bids5101 COKC00040

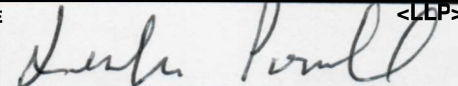
## CERTIFICATE HOLDER

## CANCELLATION

The City of OK and its Trusts  
100 N Walker Ave Ste 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

 <LPP>

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

February 21, 2025

Renewal No. 1

ISP Supplies LLC  
10770 State Highway 30  
Suite 200  
Bryan, TX 77845

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00041 for Microwave Radio Equipment and** for the term **5/7/2025 through 5/6/2026** 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 11, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.

\_\_\_\_\_  
Austin Parker

**PRINTED NAME**

\_\_\_\_\_  
Sales Engineer

**TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
ISP Supplies

**COMPANY NAME**

\_\_\_\_\_  
10770 TX-30 STE 200

**STREET ADDRESS**

\_\_\_\_\_  
College Station, TX 77845

**CITY, STATE AND ZIP CODE**

\_\_\_\_\_  
855-947-7776

**BUSINESS TELEPHONE**

\_\_\_\_\_  
[aparker@ispsupplies.com](mailto:aparker@ispsupplies.com)

**CONTACT E-MAIL**



# 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 AUSTIN PARKER to  
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of ISP SUPPLIES  
(CONTRACTING ENTITY)

Sincerely,

  
Signature of Authorizing Officer

CFO  
Printed Title

4-18-2025  
Date

MARY KUENKEL  
Printed Name of Authorizing Officer

MARY.K@WAVONLINE.COM  
Email Address of Authorizing Officer

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

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



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

February 21, 2025

Renewal No. 1

JJT Networking Solutions LLC  
713 Camelot Drive  
Moore, OK 73160

**APPROVED**  
5/6/2025

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00074 for Microwave Radio Equipment and** for the term **5/7/2025 through 5/6/2026** 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 11, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
Procurement Services

  X   **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.**

**PRINTED NAME**

James Moore

**TITLE**

Owner

**AUTHORIZED SIGNATURE**

**COMPANY NAME**

JJT Networking Solutions LLC

**STREET ADDRESS**

713 Camelot Drive

**CITY, STATE AND ZIP CODE**

Moore, OK 73160

**BUSINESS TELEPHONE**

405-464-0221

**CONTACT E-MAIL**

jjtnetworking@gmail.com



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/21/2025

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

<b>PRODUCER</b> Clearview Insurance Services LLC 1700 N. Broadway St.  Moore OK 73160	<b>CONTACT</b> NAME: Samantha Willard PHONE (A/C, No, Ext): (316) 765-3422 E-MAIL: samantha@mycvis.com FAX (A/C, No):  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MSA INS CO <b>INSURER B:</b> PROGRESSIVE NORTHERN INS CO <b>INSURER C:</b> COMPSOURCE OK <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 11066 38628 36188   
<b>INSURED</b> JJT Networking LLC 713 CAMELOT  MOORE OK 73160-3529		

**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			CP00150394	04/17/2025	04/17/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>			996340959	04/21/2025	04/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED RETENTION \$						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			03596951 25 1	04/21/2025	04/21/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y	N/A				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)

Contract #: COKC00074

The City of Oklahoma City and its Trusts are named as additional insured in regard to General Liability and Auto Liability as required by contract.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and its Trusts  100 N Walker Ave, 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> Erick Cummings
---	---

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

February 21, 2025

Renewal No. 1

Pacific East Industries  
1833 Crystal View Circle  
Newbury Park, CA 91320

**APPROVED**

5/6/2025

Dear Vendor:

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

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00075 for Microwave Radio Equipment** and for the term **5/7/2025 through 5/6/2026** 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 11, 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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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.

Lisa Showalter  
PRINTED NAME  
OWNER  
TITLE  
[Signature]  
AUTHORIZED SIGNATURE  
Pacific East Industries  
COMPANY NAME  
1833 Crystal View Circle  
STREET ADDRESS  
Newbury Park, CA 91320  
CITY, STATE AND ZIP CODE  
888-490-9549  
BUSINESS TELEPHONE  
Lisa@paceast.net  
CONTACT E-MAIL