



**The City of  
OKLAHOMA CITY**  
**UTILITIES DEPARTMENT**  
Chris Browning, Director

March 18, 2025

Mr. Justin Lingo, President  
Greenshade Trees, LLC  
P.O. Box 850369  
Yukon, OK 73085

RE: Agreement Renewal for May 26, 2025 – May 25, 2030, landscaping and mowing for Lake Stanley Draper Marina areas, C209043

Dear Mr. Lingo:

The City of Oklahoma City (City) and/or the Oklahoma City Water Utilities Trust (OCWUT) and Greenshade Trees, LLC, (Contracting Vendor), have the option of renewing C209043 for professional services for landscaping and mowing services for Lake Stanley Draper Marina areas, for an additional term of (5) five years, under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate whether or not you consent on behalf of the Contracting Vendor to the renewal of the above-mentioned Agreement by completing the information on the enclosed Agreement Renewal Form, including signature from an authorized officer of the business or corporation. If the individual signing the Agreement Renewal Form is not the owner or an authorized officer of the business or corporation, the Contracting Vendor must either complete and submit a Letter of Authorization or affix its corporate seal to the Agreement Renewal Form. For your convenience, a fillable standard Letter of Authorization has been included with this renewal letter.

Should the City of Oklahoma City and/or OCWUT decide not to renew the above-mentioned Agreement, you will be notified in writing by certified mail, postage prepaid, and by email. **This form may be mailed, emailed, scanned, or otherwise electronically submitted for Agreement renewal.**

Please complete and return the Agreement Renewal Form and if applicable, the Letter of Authorization by **March 28, 2025**.

Contact the City of Oklahoma City Utilities Department Procurement Section at [ww-procurement@okc.gov](mailto:ww-procurement@okc.gov) if any of the business or corporation information has changed (i.e. company name), as additional information may be required.

If you have any questions, please contact me at 405-297-1525 or email [Rebecca.cavnar@okc.gov](mailto:Rebecca.cavnar@okc.gov).

Thank you,

Rebecca Cavnar  
Administrative Specialist  
Utilities Department

Enclosure



**The City of  
OKLAHOMA CITY**  
UTILITIES DEPARTMENT

**Agreement Renewal Form – C209043**

Select one of the following:

☒ Yes, I consent to the renewal  
pursuant to the terms  
of C209043

☐ No, I do not consent to the renewal of  
C209043

Complete the information below:

Justin Lingo President  
**PRINTED NAME/TITLE**

[Signature]  
**AUTHORIZED OFFICER SIGNATURE**

Greenshade Trees, LLC  
**COMPANY NAME  
(MUST MATCH AGREEMENT)**

1905 South Nicklas Ave Oklahoma City, OK 73128  
**STREET ADDRESS**

**CITY, STATE AND ZIP CODE**

405.265.1980  
**BUSINESS TELEPHONE**

Justin@greenshadeok.com  
**CONTACT/E-MAIL**

**[CITY USE ONLY]**

**The City of Oklahoma City and/or OCWUT chooses not to renew C209043.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2025

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

<b>PRODUCER</b> Wesco Insurance Agency 420 Maple P.O. Box 850300 Yukon OK 73085-0300	<b>CONTACT NAME:</b> Renee Green <b>PHONE (A/C, No, Ext):</b> (405) 354-5201 <b>E-MAIL ADDRESS:</b> rgreen@wescoinsurance.com <b>FAX (A/C, No):</b> (405) 350-6829																					
<b>INSURED</b> Greenshade Trees, LLC PO Box 850369 Yukon OK 73085	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Phoenix Insurance Company</td><td>25623</td></tr><tr><td>INSURER B:</td><td>Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER C:</td><td>Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER D:</td><td>Westchester Fire Insurance Company</td><td>10030</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Phoenix Insurance Company	25623	INSURER B:	Travelers Indemnity Company	25658	INSURER C:	Travelers Property Casualty Company of America	25674	INSURER D:	Westchester Fire Insurance Company	10030	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Phoenix Insurance Company	25623																				
INSURER B:	Travelers Indemnity Company	25658																				
INSURER C:	Travelers Property Casualty Company of America	25674																				
INSURER D:	Westchester Fire Insurance Company	10030																				
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** 25-26 COI**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		DT-CO-3T104182-PHX-25	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-3T11086A-25-26-G	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) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 OCCUR CLAIMS-MADE			CUP-3T119091-25-26	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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-3T118070-25-26-G	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			G73604114 003	07/08/2024	07/08/2025	Each Pollution Condition \$5,000,000 Aggregate Limit \$5,000,000 Deductible \$10,000

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

rebecca.cavnar@okc.gov; The City of Oklahoma City and OCWUT are additional insured on all policies as required by the contract with regard to the general liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City, Oklahoma City Water Utilities Trust 420 W. Main, Suite 500 Oklahoma City OK 73102	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
--	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

Additional Named Insureds

Other Named Insureds

151922 Lingo, LLC	Greenshade Office/HQ, Insured Multiple Names
Greenshade Trees, Inc.	Insured Multiple Names