



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

Renewal No. 1

July 15, 2024

Asphalt Producers, Incorporated
105 N.E. 44th
Oklahoma City, OK 73105

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246053 for Street Surfacing Material Sand and Asphalt** for the term **8/26/2024 through 8/25/2025** 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 **July 19, 2024**. 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.

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.

George Burns Jr.

PRINTED NAME

President

TITLE

AUTHORIZED SIGNATURE

Asphalt Producers, Inc.

COMPANY NAME

105 NE 44th St.

STREET ADDRESS

Oklahoma City, OK 73105

CITY, STATE AND ZIP CODE

405-524-8233

BUSINESS TELEPHONE

CONTACT E-MAIL



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

Renewal No. 1

July 15, 2024

Haskell Lemon Construction Company
PO Box 75608
Oklahoma City, OK 73147

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246054 for Street Surfacing Material Sand and Asphalt** for the term **8/26/2024 through 8/25/2025** 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 **July 19, 2024**. 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) 297-3995, Fax (405) 297-2142 or Email: monica.hardesty@okc.gov.

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.**

Tammy Robinson

PRINTED NAME

Chief Estimator

TITLE

Tammy Robinson

AUTHORIZED SIGNATURE

Haskell Lemon Construction Co / Haskell Lemon Group

COMPANY NAME

PO Box 75608

STREET ADDRESS

Oklahoma City, OK 73147

CITY, STATE AND ZIP CODE

405.947.6069

BUSINESS TELEPHONE

bids@haskelllemon.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 Tammy Robinson to
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of Haskell Lemon Group, LLC
(CONTRACTING ENTITY)

General Materials, Inc and A&A Trucking, Inc.

Sincerely,


Signature of Authorizing Officer

President 7/1/2024
Printed Title Date

Jay Lemon
Printed Name of Authorizing Officer

jlemon@haskelllemon.com
Email Address of Authorizing Officer

NOTE: If the Contracting Entity is a(n):	
Corporation	The authorizing officer <u>must</u> be: President, Vice-President, Chairperson, or Vice-Chairperson
LLC	The authorizing officer <u>must</u> be: Manager, Managing Member, President, or Vice-President
Partnership	The authorizing officer <u>must</u> be: General Partner
Joint Venture	The authorizing officer <u>must</u> be: An Authorized Officer of Each of the Ventures



SUPEBOW-01

JMURPHY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2024

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 AHT Insurance, A Baldwin Risk Partner DBA BCP Tech 1511 Baltimore, Ste 200 Kansas City, MO 64108	CONTACT NAME:		
	PHONE (A/C, No, Ext): (816) 523-2323	FAX (A/C, No):	
	E-MAIL ADDRESS: certificates@brushkc.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : American Contractors Insurance Company Risk Retention Group	12300	
INSURED Haskell Lemon Group, LLC PO BOX 75608 Oklahoma City, OK 73147	INSURER B : XL Specialty Insurance Company	37885	
	INSURER C : ACIG Insurance Company	19984	
	INSURER D : Berkley Assurance Company	39462	
	INSURER E : Travelers Property Casualty Company of America	25674	
	INSURER F :		

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		GL24A00095*	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 STOP GAP \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		AL24000040	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X		US00084656LI24A	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A	WCA000030924	6/1/2024	6/1/2025	<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
D	Pollution Liability			PCAB-5025046-0624	6/1/2024	6/1/2025	Each Claim/Aggregate 20,000,000
E	Leased Equipment			6305K196395	11/30/2023	11/30/2024	Any One Item 1,000,000

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

RE: CONTRACT C246054

The City of Oklahoma City and its participating Trusts are Additional insured(s) on the listed policies as required by contract.

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



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

Renewal No. 1

July 15, 2024

T and C Asphalt Materials LLC
406 N Blaine Ave
Chandler, OK 74834

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246055T for Street Surfacing Material Sand and Asphalt** for the term **8/26/2024 through 8/25/2025** 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 **July 19, 2024**. 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) 297-3995, Fax (405) 297-2142 or Email: monica.hardesty@okc.gov.

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.

Timothy C McBride

PRINTED NAME

President

TITLE

Timothy C McBride

AUTHORIZED SIGNATURE

T & C Asphalt Materials, LLC

COMPANY NAME

406 N. Blaine Ave.

STREET ADDRESS

Chandler, OK, 74834

CITY, STATE AND ZIP CODE

405-258-8707

BUSINESS TELEPHONE

timothy_mcbride@att.net

CONTACT E-MAIL



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

Renewal No. 1

July 15, 2024

WJ Trucking and Construction Services
LLC
3320 Norcrest Drive
Oklahoma City, OK 73121

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C246056 for Street Surfacing Material Sand and Asphalt** for the term **8/26/2024 through 8/25/2025** 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 **July 19, 2024**. 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) 297-3995, Fax (405) 297-2142 or Email: 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.

De Anna Williams

PRINTED NAME

CEO

TITLE

Deanna Williams

AUTHORIZED SIGNATURE

W.J. Trucking and Constructing Svcs

COMPANY NAME

3320 Norcrest Dr.

STREET ADDRESS

Oklahoma City, OK 73114

CITY, STATE AND ZIP CODE

(405) 615-6595

BUSINESS TELEPHONE

WJ Construction

CONTACT E-MAIL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2024

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).

PRODUCER Metro-Plex Insurance, INC 403 W Vandament Ave Yukon, OK 73099	CONTACT NAME: Louis Hemphill PHONE (A/C, No, Ext): 405-350-2165 E-MAIL ADDRESS: metroplexinsurance@coxinet.net INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INSURANCE CO INSURER B: PROGRESSIVE INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 405-350-2167 NAIC #
INSURED WJ Trucking and Construction Sevices, LLC 3320 NORCREST DR OKLAHOMA CITY, OK 73121		

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	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	Y	Y	GL1188641	02/22/2024	02/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	962868217	10/26/2023	10/26/2024	COMBINED SINGLE LIMIT (Ea accident) 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

THE CERTIFICATE HOLDER THE CITY OF OKLAHOMA CITY AND ITS TRUSTS ARE NAMED AS ADDITIONAL INSURED ON THE ABOVE LISTED GENERAL LIABILITY POLICY AS PER THE POLICY TERMS AND CONDITIONS.

REF CONTRACT #: C246056

CERTIFICATE HOLDER

CANCELLATION

CITY OF OKLAHOMA CITY AND ITS TRUST 100 N WALKER SUITE 200 OKC, 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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2024

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PRODUCER	CONTACT NAME: CompSource Mutual Insurance Company	
	PHONE (A/C, No, Ext): (405) 232-7663 ext. 5102	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURER A: CompSource Mutual Insurance Company		NAIC # 36188
INSURED	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

WJ Trucking and Construction Services LLC
3320 Norcrest Drive
Oklahoma City, OK 73121

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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input 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) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A	03521113 24 1	02/18/2024	02/18/2025	E.L. EACH ACCIDENT \$1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000.00
							E.L. DISEASE - POLICY LIMIT \$1,000,000.00

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

Reference: Ref Contract# C246056

CERTIFICATE HOLDER

City of Oklahoma City and its Trusts 100 N Walker Ste 200 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 

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