



**The City of**  
**OKLAHOMA CITY**  
Finance Department

Amendment No. 1 and Renewal No. 2

March 18, 2025

Car Cab Wrecker Service Inc.  
4105 S. Eastern  
Oklahoma City, OK 73129

Dear Vendor:

The City of Oklahoma City requests to renew and amend Wrecker Services for Impounded Vehicles for the term May 1, 2025 through April 30, 2026. The contract period is due to expire on April 30, 2025 and the City of Oklahoma City Police Department would like to amend the contract scope of services as laid out below. This amendment will not be effective until after Council approval.

Staff has been notified towing coverage for Zone 4 will need to be absorbed by the current vendors covering Zones 1-3. By signing this document Car Cab Wrecker Service, Inc. Zone 3, has agreed to cover towing services for Zone 4 as needed.

Please indicate your concurrence or non-concurrence by completing the requested information, including signature and return to me. 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.

This document will be attached to your contract as an amendment.

If you have any questions, please contact me at (405) 297- 1918 or Caleb.Gutel@okc.gov.

Thank you,

Caleb Gutel  
Senior Buyer

.....  
☒ Yes, I agree to the contract renewal and amendment per the above mentioned.

[ ] No, I do not agree to amend the contract.

Sign Here

x

Todd Reid

Vice President

Signature of Individual

Title

Note: If individual signing is not the owner or an officer of the business or corporation a letter of authorization is to be included. For instance, if a Salesman or Manager signs this form, a letter of authorization is to be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

Todd Reid

Printed Name of Individual

Car Cab Wrecker Service Inc, 4105 S. Eastern

Company Name and Address (Please Print)

Zip Code

405-670-6114 - 405-670-6180

Telephone Number and Fax Number

TO BE COMPLETED BY THE NOTARY:

State of \* Oklahoma )

County of \* Oklahoma )

SS.

[\*State and County where notarized must be written in.]

Signed and sworn to before me this 25<sup>th</sup> day of March, 2025 by

TODD REID

[Printed Name of Individual who signed above]

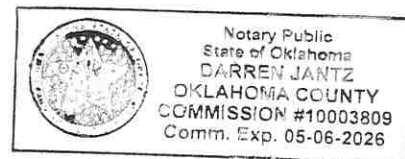
My Commission Number: 10003809 My Commission Expires: 5-6-2026

Darren Jantz

Notary Public Printed Name

[Signature]

Notary Public Signature



APPROVED by Council and signed by the Mayor of the City of Oklahoma City this \_\_\_\_\_  
day of \_\_\_\_\_, 2025.

ATTEST:

\_\_\_\_\_  
CITY CLERK

\_\_\_\_\_  
MAYOR

REVIEWED for form and legality.

  
\_\_\_\_\_  
ASSISTANT MUNICIPAL COUNSELOR



CARCABW-01

JDEATHERAGE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2025

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>BancFirst Insurance Services, Inc.</b> 13230 Pawnee Drive, Suite 205 Oklahoma City, OK 73114	CONTACT NAME: <b>Jennifer Deatherage</b>		
	PHONE (A/C, No, Ext): <b>(405) 600-1805</b>	FAX (A/C, No): <b>(405) 948-7346</b>	
	E-MAIL ADDRESS: <b>jennifer.deatherage@bancfirst.insurance</b>		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>American Guarantee and Liability Insurance Co</b>		<b>26247</b>
INSURED  <b>Car Cab Wrecker Service, Inc.</b> <b>Mike Reid</b> <b>4105 S Eastern</b> <b>Oklahoma City, OK 73129</b>	INSURER B : <b>AmGuard Insurance Company</b>		<b>42390</b>
	INSURER C : <b>Stonetrust Commercial Insurance Co</b>		<b>11042</b>
	INSURER D :		
	INSURER E :		
	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	X	COMMERCIAL GENERAL LIABILITY	X		APP33287110	3/10/2025	3/10/2026	EACH OCCURRENCE	\$ 1,000,000	
		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	\$ 3,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
		OTHER:							\$	
B		AUTOMOBILE LIABILITY	X		APP33287110	3/10/2025	3/10/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
								\$		
		UMBRELLA LIAB						EACH OCCURRENCE	\$	
		EXCESS LIAB						CLAIMS-MADE	AGGREGATE	\$
										\$
		DED						RETENTION \$		
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	WCA00883892024A	6/1/2024	6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A		Garage and Dealers			APP33287110	3/10/2025	3/10/2026	GKLL	300,000	
A		On-Hook			APP33287110	3/10/2025	3/10/2026	Blanket On-Hook	100,000	

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

Bid #24706

City of Oklahoma City and it's Trusts are included as Additional Insured on liability policies listed above.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City and It's Trust  
100 N Walker Ave, 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