



**APPROVED** BY THE OKLAHOMA CITY  
WATER UTILITIES TRUST  
AT THEIR MEETING November 19, 2024

October 2, 2024

Mr. Ed Betchan, Rental Sales Account Manager  
Clifford Power Systems, Inc.  
4805 Dougherty Place  
Oklahoma City, OK 73179

Dear Mr. Betchan,

Oklahoma City Water Utilities Trust (OCWUT) and Clifford Power Systems, Inc., the contracted vendor, have the option of renewing Professional Services Agreement C209018 to provide emergency power generation services for the term of December 3, 2024, through December 2, 2029, under the same terms, conditions, and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the information below, including your signature, and return it to me by **October 18, 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 Oklahoma City Water Utilities Trust decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

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

Thank you,


Rebecca Cavnar  
Contracting Section  
Utilities Department

☒ Yes, I would like to renew  
per the above-mentioned

☐ No, I do not wish to renew.

(OCWUT USE ONLY)

OKLAHOMA CITY WATER UTILITIES TRUST  
☐ Chooses not to renew the above  
contract/pricing agreement

  
\_\_\_\_\_  
AUTHORIZED SIGNATURE  
Ed Betchan / Rental Sales  
Account Manager  
\_\_\_\_\_  
PRINTED NAME/TITLE  
Clifford Power Systems, Inc.  
\_\_\_\_\_  
COMPANY NAME  
4805 Dougherty Place  
\_\_\_\_\_  
STREET ADDRESS  
Oklahoma City, OK 73179  
\_\_\_\_\_  
CITY, STATE, ZIP CODE  
405-761-0204  
\_\_\_\_\_  
BUSINESS TELEPHONE  
ebetchan@cliffordpower.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 Ed Betchan  
(PRINTED NAME OF AUTHORIZED AGENT)

to sign the attached legally binding document on behalf of Clifford Power Systems  
(CONTRACTING ENTITY)

Sincerely,

S. Benson  
Signature of Authorizing Officer

VP Sales  
Printed Title

8/15/24  
Date

Stephanie Benson  
Printed Name of Authorizing Officer

Sbenson@cliffordpower.com  
Email Address of Authorizing Officer

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2024

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).

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 208 North Mill St.  Pryor OK 74361		<b>CONTACT NAME:</b> Diana Jones <b>PHONE (A/C, No, Ext):</b> (918) 825-3295 <b>E-MAIL ADDRESS:</b> diana.jones@bbrown.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Clifford Power Systems, Inc. PO Box 581807  Tulsa OK 74158		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Union Fire Insurance Co of Pittsburgh A XV <b>INSURER B:</b> Travelers Property Casualty Co of America A++ XV <b>INSURER C:</b> Evanston Insurance Company A XV <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 19445 25674 35378	

**COVERAGES****CERTIFICATE NUMBER:** CL2422893643**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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GL 5180216-2024	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		CA 2961642-2024	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	EX-1T29153A-24-NF	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<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	WC 012015943-2024	03/01/2024	03/01/2025	<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
C	Contractors Pollution Coverage			MKLV3ENV102956	03/01/2024	03/01/2025	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

The Contracting Entity shall be listed as a Certificate Holder. This Pricing Agreement/Contract requires that Contracting Entity, including The City of Oklahoma City, be named as additional insured on the Bidder's insur Worker's Compensation Liability Insurance, to the full limits of the policies and consistent with the same coverages available to the n additional insured endorsement which Contracting Entity is not compliant with this Pricing Agreement/Contract and shall be con Contracting Entity must be provided with a Certificate of Inevidencing Contracting Entity's additional insured status prior to policy description shall state the following: "Additional insured(s) on the listedrequired in the contract. Additional Insured(s) on the listed policies are those required in the contract

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City & the Oklahoma City Water Utilities Trust 420 W. Main St., STE 500 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> 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Brown & Brown Insurance Services, Inc.		<b>NAMED INSURED</b> Clifford Power Systems, Inc.
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

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

Insurer C: Evanston: Pollution Liability- MKLV3ENV102956 3/1/24 to 3/1/25 \$5M OCC/ \$5M AGG

Insurer D: HISCOX: Professional Liability- ANE1261364.24 3/1/24 to 3/1/25 \$1M OCC/\$1M AGG

Insurer E: Coalition: Cyber Liability-C-4MO8-246461-CYBER-2023 11-21-23 to 11-21-24 \$1M OCC/ \$1M AGG