



he City of
OKLAHOMA CITY
UTILITIES DEPARTMENT

APPROVED BY THE OKLAHOMA CITY
WATER UTILITIES TRUST
AT THEIR MEETING July 16 2024

5/9/2024

Kent D. Grass
Airgas USA, LLC.
31 N. Peoria Avenue
Tulsa, OK 74120

Dear Mr. Grass

The City of Oklahoma City Water Utilities Trust (OCWUT) and Airgas USA, LLC, the contracting vendor, have the option of renewing Pricing Agreement C229003, various industrial grade gases, with an estimated annual cost of \$100,000, from August 3, 2024, through August 2, 2027, under the same terms, conditions, and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the information listed below, including your signature, and returning it to me by May 10th, 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. If a Corporate Seal is affixed to this document, it will be accepted in lieu of an authorization letter.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the City of Oklahoma City 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) 297-3802 or email ww-procurement@okc.gov.

Thank you,

Annette D. Hamm
Contracting Section
Utilities Department

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

☐ **No, I do not wish to renew.**

[CITY USE ONLY]

☐ **The City of Oklahoma City
chooses not to renew the
above contract/pricing agreement.**

Rich Worsham / Area VP
PRINTED NAME/TITLE

Rich Worsham
AUTHORIZED SIGNATURE

Airgas
COMPANY NAME

2701 W. Reno Avenue
STREET ADDRESS

OKC OK 73107
CITY, STATE AND ZIP CODE

405-385-4264
BUSINESS TELEPHONE

Rich.Worsham@airgas.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 Rich Worsham to
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of Airgas USA LLC
(CONTRACTING ENTITY)

Sincerely,

Rich Worsham
Signature of Authorizing Officer

Area Vice President
Printed Title

May 9, 2024
Date

Rich Worsham
Printed Name of Authorizing Officer

Rich.Worsham@airgas.com
Email Address of Authorizing Officer

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/25/2024

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED American Air Liquide Inc. Airgas, Inc. 259 N. Radnor Chester Road Radnor PA 19087-5240 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Indian Harbor Insurance Company</td><td>36940</td></tr><tr><td>INSURER B: Starr Indemnity & Liability Company</td><td>38318</td></tr><tr><td>INSURER C: Starr Specialty Insurance Company</td><td>16109</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indian Harbor Insurance Company	36940	INSURER B: Starr Indemnity & Liability Company	38318	INSURER C: Starr Specialty Insurance Company	16109	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

Holder Identifier :

COVERAGES**CERTIFICATE NUMBER:** 570106732402**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			1000090660241	07/01/2024	07/01/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$2,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$1,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$6,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$6,000,000</td></tr></table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000	MED EXP (Any one person)	\$1,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$6,000,000	PRODUCTS - COMP/OP AGG	\$6,000,000
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PRODUCTS - COMP/OP AGG	\$6,000,000																		
B	AUTOMOBILE LIABILITY <input checked="" 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			1000635788241 AOS 1000635789241 MA	07/01/2024	07/01/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$2,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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PROPERTY DAMAGE (Per accident)																			
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						<table><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
EACH OCCURRENCE																			
AGGREGATE																			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	1000004702 FL, MA 1000004704 WI	07/01/2024	07/01/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td><input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td><td>\$1,000,000</td></tr></table>	<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
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																		
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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)

The City of Oklahoma City and The Oklahoma City Water Utilities Trust are included as Additional Insured in accordance with the policy provisions of the Automobile Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

<p>The City of Oklahoma City and The Oklahoma City Water Utilities Trust 420 W. Main Oklahoma City OK 73102 USA</p>	<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> <p><i>Aon Risk Services Central, Inc.</i></p>
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Certificate No : 570106732402

**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED American Air Liquide Inc.	
POLICY NUMBER See Certificate Number: 570106732402			
CARRIER See Certificate Number: 570106732402	NAIC CODE	EFFECTIVE DATE:	

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

WC Continued / Named Insured List

Workers Compensation:

Policy No: 1000004701 (AOS)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Specialty Insurance Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

Policy No: 1000004703 (AK, AZ, CT, IA, NC, NJ, NY, VT)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Specialty Insurance Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

Policy No: 1000004712 (USL&H)
 Policy Period: 7/01/2024 - 7/01/2025
 Insurer: Starr Indemnity & Liability Company
 Limits: Same as the Workers Compensation and Employers Liability limits shown on the first page of the Certificate

 NAMED INSUREDS ON THE ABOVE-REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:

American Air Liquide Inc.
 Air Liquide Helium America, Inc.
 Air Liquide Advanced Technologies U.S. LLC
 Air Liquide America L.P.
 Air Liquide USA LLC
 Air Liquide Large Industries U.S. LP
 Air Liquide Electronics U.S. LP
 Air Liquide Global E&C Solutions US Inc.
 Air Liquide Technical Services LLC
 Air Liquide Global E&C Solutions Mexico LLC
 Air Liquide Advanced Materials Inc.
 Air Liquide Advanced Materials LLC
 Airgas, Inc.
 Airgas Carbonic, Inc.
 Airgas Doral, Inc.
 Airgas Merchant Gases, LLC
 Airgas Priority Nitrogen, LLC
 Airgas Safety, Inc.
 Airgas Specialty Products, Inc.
 Airgas USA, LLC
 Airgas Nitrogen Services, LLC
 Nitrous Oxide Corporation
 Red-D-Arc Inc.