



CENTRAL OKLAHOMA  
TRANSPORTATION & PARKING  
AUTHORITY

**RENEWAL NO. 4 of Professional Services Agreement**

**COTPA 2020\_025\_25 Kutak Rock, LLP**

**For**

**Pension Legal Services**

This renewal (“**Renewal No. 4**”) is made by and between **Kutak Rock, LLP** (“**SERVICES PROVIDER**”) and **Central Oklahoma Transportation and Parking Authority** (“**CONTRACTING ENTITY**”), an Oklahoma public trust, (collectively, the “**Parties**”).

**WITNESSETH**

**WHEREAS**, on March 6, 2020, (Item No. VI. E), the **CONTRACTING ENTITY** entered into an Agreement (COTPA 2020-025-25) for Pension Legal Services (“**Agreement**”); and

**WHEREAS**, the initial term of the Agreement between the **Parties** was for one year, which ended on March 5, 2021; and

**WHEREAS**, **Paragraph 2. TERM** authorizes the Agreement to be renewed for four (4), one (1) year terms at the sole discretion of the Trust upon written renewal request by the **SERVICES PROVIDER**; and

**WHEREAS**, on February 5, 2021, (Item No. V.C.) the **CONTRACTING ENTITY** approved the first renewal term for the period ended on March 5, 2022; and

**WHEREAS**, on June 3, 2022, (Item No. V. C) the **CONTRACTING ENTITY** approved the second renewal term, retroactively to March 6, 2022, for the period ended March 5, 2023; and

**WHEREAS**, on February 3, 2023, (Item V.B.) the **CONTRACTING ENTITY** approved the third renewal term, for the period ending March 5, 2024; and

**WHEREAS**, the **Parties** mutually agree to renew the **Agreement** under the same terms, conditions and provisions as originally awarded, including prices.



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**NOW THEREFORE**, it is mutually agreed by and between the **Parties** to renew the **Agreement**, exercising the fourth and final one-year renewal options, under the same terms, conditions and provisions as originally awarded, including prices, expiring on March 5, 2025.

The undersigned individual states that the **SERVICES PROVIDER** will be bound by its proposal, the request for proposal, the terms and conditions of the Professional Services Agreement, the requirements for proposers, and this Renewal No. 4.

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WITNESS the hands of the parties hereto:

P. Brian Bartels

Print Name

Kutak Rock LLP

By:

P. B. Bartels

Signature

Partner - Kutak Rock LLP

Title

**Note:** If individual signing is not 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.

**TO BE COMPLETED BY THE NOTARY:**

State of \* Nebraska )

SS.

County of \* Dallas )

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

**SIGNED** and sworn to before me this 5<sup>th</sup> day of December, 2023

by P. Brian Bartels

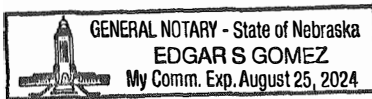
[Printed name of individual who signed above.]

Signature of Notary Public: 

My Commission number: N/A

My Commission expires: August 25, 2024

[Date/Year]





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APPROVED by the Central Oklahoma Transportation and Parking Authority and SIGNED  
by the Chairperson, this 5<sup>th</sup> day of January, 2024

ATTEST:


  
Secretary



CENTRAL OKLAHOMA  
TRANSPORTATION AND PARKING  
AUTHORITY

  
Chairperson

REVIEWED for form and legality.

  
Assistant Municipal Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2023

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> Alliant Insurance Services, Inc. 353 N. Clark St, 11th Floor Chicago IL 60654	<b>CONTACT</b> NAME: Angela Fleege PHONE (A/C, No, Ext): 312-546-5594 E-MAIL ADDRESS: afleege@alliant.com	<b>FAX</b> (A/C, No):
<b>INSURED</b> Kutak Rock LLP The Omaha Building 1650 Farnam Street Omaha NE 68102	License#: 0C36861 KUTAROC-01	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Scottsdale Insurance Company		41297
INSURER B: Ironshore Specialty Insurance		25445
INSURER C: QBE Specialty Insurance Compan		11515
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:** 1030177423**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Professional Liability Professional Liability Professional Liability			LWS0001111 LPL7CAB0U5U004 130002910	6/15/2023 6/15/2023 6/15/2023	6/15/2024 6/15/2024 6/15/2024	See Description See Description See Description

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

Limits of Liability in excess of: \$10,000,000 per Claim/\$20,000,000 Aggregate

Claims-made coverage

Insurers Affording Coverage schedule continued on Attachment A

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma and its participating Public Trusts  
2000 S. May Avenue  
Oklahoma City OK 73108

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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**Kutak Rock LLP**

**Certificate of Professional Liability Insurance**

**Policy Term: June 15, 2023 – June 15, 2024**

**Attachment A**

	<b>Insurer Affording Coverage:</b>	<b>Policy Number:</b>	<b>Policy Term:</b>	<b>NAIC or AIN#</b>
<b>Insurer D:</b>	Vantage Risk Specialty Insurance Company	P03PL0000037490	6/15/2023 – 6/15/2024	16275
<b>Insurer E:</b>	Endurance American Specialty Insurance Co.	LPL30020804601	6/15/2023 – 6/15/2024	41718
<b>Insurer F:</b>	National Fire and Marine Insurance Company	45-EPP-302670-08	6/15/2023 – 6/15/2024	20060
<b>Insurer G:</b>	Travelers Excess and Surplus Lines Company	107106135	6/15/2023 – 6/15/2024	29696
<b>Insurer H:</b>	SiriusPoint Specialty Ins Co	LDUSA2305023 LDUSA2305091	6/15/2023 – 6/15/2024	16820
<b>Insurer I:</b>	Indian Harbor Insurance Co	LPE 9038997-04	6/15/2023 – 6/15/2024	36940
<b>Insurer J:</b>	HDI Global Specialty SE	LDUSA2305023	6/15/2023 – 6/15/2024	AA1340041
<b>Insurer K:</b>	Markel Bermuda Limited	LDUSA2305023	6/15/2023 – 6/15/2024	AA3190829
<b>Insurer L:</b>	Associated Industries Insurance Company	AES121112803	6/15/2023 – 6/15/2024	23140
<b>Insurer M:</b>	Peleus Insurance Company	XPL409495-6	6/15/2023 – 6/15/2024	34118
<b>Insurer N:</b>	Great American Fidelity Insurance Company	LAXE558606	6/15/2023 – 6/15/2024	41858
<b>Insurer O:</b>	Westfield Specialty Ins Co	ELP-00013P2-01	6/15/2023 – 6/15/2024	16992
<b>Insurer P:</b>	Starr Surplus Lines Insurance Company	1000634755231	6/15/2023 – 6/15/2024	13604
<b>Insurer Q:</b>	Aspen Specialty Insurance Company	LXA72GQ22 LX00MAG23	6/15/2023 – 6/15/2024	10717
<b>Insurer R:</b>	Canopus Insurance Svcs; Lloyd's Syndicate 4444	CUAI0696-02	6/15/2023 – 6/15/2024	AA1122000
<b>Insurer S:</b>	Underwriters at Lloyd's	LDUSA2305091 LDUSA2305023	6/15/2023 – 6/15/2024	AA1122000
<b>Insurer T:</b>	General Security Indemnity Company of AZ	FA0022187-2023-1 FA0022187-2023-2	6/15/2023 – 6/15/2024	20559
<b>Insurer U:</b>	Palms Insurance Company Ltd	NPPLPXBB0027	6/15/2023 – 6/15/2024	AA3770038