



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

APPROVED

1-2-2024

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

November 7, 2023

Conrad Fire Equipment
19922 W 162nd Street
Olathe, KS 66062-2787

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C225026 for Intercom Systems and Installation for Fire Apparatus** for the term **1/4/2024 through 1/3/2025** 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 **November 21, 2023**. 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) 297-3600, Fax (405) 552-6037 or Email: Pennie.Leck@okc.gov.

Thank you,

Pennie Leck

Pennie Leck, Management Specialist
Fire Department

✓ With revised pricing ☒ **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.**

Joe Schultz

PRINTED NAME

VP Service

TITLE

Joe Schultz

AUTHORIZED SIGNATURE

Conrad Fire Equipment, Inc.

COMPANY NAME

808 N. Virginia Dr.

STREET ADDRESS

Oklahoma City, OK 73107

CITY, STATE AND ZIP CODE

405-669-4082

BUSINESS TELEPHONE

joes@conradfire.com

CONTACT E-MAIL



November 16, 2023

Oklahoma City, OK Fire Department
Pennie Leck, Management Specialist
100 North Walker
Oklahoma City, OK 73102

Dear Pennie:

Conrad Fire Equipment, Inc. would like to renew the contract agreement No. R23-C225026 for Intercom Systems and Installation for Fire Apparatus for the term 1/4/2024 through 1/3/2025 under the same terms, conditions and provisions as originally awarded, including prices for David Clark and Fire Com equipment. We will be revising our labor/installation price to reflect the increases in our labor rates over the past two years. These rate increases are influenced largely by escalating inflation and changing market conditions. The new price will be \$140.25, which is 15% off our current list price.

Sincerely,

Joe Schultz REFORM. LIKE NO OTHER.™

Joe Schultz
VP Service, CFE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2023

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).

PRODUCER Twin Lakes Insurance Agency PO Box 970 Lees Summit MO 64063	CONTACT NAME: Carrie McArthur PHONE (A/C, No, Ext): 816-251-3316 E-MAIL ADDRESS: carriem@twinlakesins.com	FAX (A/C, No): 816-525-4049
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Accident Fund Insurance Company Of America		10166
INSURER B: Arch Insurance Company		11150
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1772077558**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	MFPK08583000	12/2/2023	12/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MFCA08368800	12/2/2023	12/2/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded: \$ \$1,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	MFUM10023300	12/2/2023	12/2/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	100038617	6/27/2023	6/27/2024	<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
B	MOBILE DEALERS EQUIPMENT			MFPK08583000	12/2/2023	12/2/2024	LIMIT 1,600,000

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

The Certificate Holder and all other parties required under a written contract are named as additional insureds with respects to Liability on a Primary & Non-Contributory basis. A Waiver of Subrogation is provided where allowed by law & required by a written contract.
The City of Oklahoma City and all other parties required under a written contract are named as additional insured with respects to liability. Bid #16-802 TAC 1070;

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City
200 N Walker Ave
Oklahoma City OK 73102
USA

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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The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

APPROVED

1-2-2024

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

November 7, 2023

Stolz Telecom LLC
6825 Camille Avenue
Oklahoma City, OK 73149

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C225027 for Intercom Systems and Installation for Fire Apparatus** for the term **1/4/2024 through 1/3/2025** 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 **November 21, 2023**. 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) 297-3600, Fax (405) 552-6037 or Email: Pennie.Leck@okc.gov.

Thank you,

Pennie Leck
Pennie Leck, Management Specialist
Fire Department

☒ 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.

Rachel Stolz
PRINTED NAME
Vice President
TITLE
[Signature]
AUTHORIZED SIGNATURE
Stolz-Telecom
COMPANY NAME
6825 Camille Avenue
STREET ADDRESS
Oklahoma City, OK 73149
CITY, STATE AND ZIP CODE
405-632-2262
BUSINESS TELEPHONE
Accounting@stolztele.com
CONTACT E-MAIL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2023

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 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 Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154		CONTACT NAME: Lynn Power PHONE (A/C, No, Ext): (405) 843-5678 E-MAIL ADDRESS: lpower@cpcinsurance.com FAX (A/C, No): (405) 843-5781	
INSURED Stolz Telecom, LLC Stolz Telecom, Inc.; SCI Management, Inc. 6825 Camille Avenue Oklahoma City OK 73149		INSURER(S) AFFORDING COVERAGE INSURER A: Central Mutual Insurance Co INSURER B: Travelers Casualty Ins Co Amer INSURER C: Travelers Casualty & Surety Co INSURER D: INSURER E: INSURER F:	
		NAIC # 20230 19046 19038	

COVERAGES**CERTIFICATE NUMBER:** 2023 (DEC REN)**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 EXCLUSION 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 <input checked="" type="checkbox"/> Primary & Non-Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CLP8652427	12/1/2023	12/1/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS Comp \$1,000 DED <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS Coll \$1,000 DED			BA008T056469	12/1/2023	12/1/2024	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	Garage Keepers - Legal Liability \$ 100,000						
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$			CX88652428	12/1/2023	12/1/2024	BODILY INJURY (Per person) \$
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	AGGREGATE \$ 4,000,000						
C	<input checked="" type="checkbox"/> 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 N/A		UB0N9084562342	12/1/2023	12/1/2024	EACH OCCURRENCE \$ 4,000,000
	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>						
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
A	<input checked="" type="checkbox"/> Equipment Leased/Rented ALL RISK-Replacement Cost			CLP8652427 1,000 DED	12/1/2023	12/1/2024	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	MAX Limit 25,000						

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

Certificate Holder & The City of Oklahoma City and its participating public trusts (ATIMA) are included as an Additional Insured under the General Liability coverage for the work of the insured when required with a Written Contract, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City
Fire Department
820 NW 5th Street
Oklahoma City, OK 73106

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

Mark Carlin/CHOWLY

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