

AGREEMENT FOR PROFESSIONAL SERVICES

CITY CARE FY 2023-2024

Pursuant to this Agreement, **The City of Oklahoma City** ("The City") and City Care, Inc., a private nonprofit corporation ("CITY CARE") agree as follows:

WITNESSETH:

WHEREAS, The City is a municipal corporation organized and existing under the laws of the State of Oklahoma; and

WHEREAS, The City wishes to support overflow shelter services during the winter months of November through March, to expand the amount of shelter space available for people living outdoors during inclement weather; and

WHEREAS, CITY CARE is a nonprofit shelter, corporation organized and existing under the laws of the State of Oklahoma, and of sufficient size to help address this winter shelter need, and

WHEREAS, on this ____ day of _____, **2024**, the City Council approves allocations of funds for winter overflow sheltering services and has authorized the Mayor to execute all necessary documents in support of these services.

NOW, THEREFORE, in exchange for the consideration, covenants, and agreements, set forth herein, the parties hereto agree as follows:

SECTION 1. DEFINITIONS

The following words and phrases, when used in this Agreement, shall have the following meanings:

- A. "Performance Measures" - the objective measures by which the accomplishment of the Scope of Work and Program Services are reported and measured.
- B. "Program Coordinator" shall mean the City employee designated by the City Manager to administer the provisions of this Agreement on behalf of The City, and who shall review the progress of CITY CARE in accomplishing the Program Services, and review other issues and topics relevant to the Program Services and the work of CITY CARE under this Agreement.
- C. "Program Services" - the activities to be performed by CITY CARE, as identified in this Agreement, utilizing all or part of the funds allocated by The City for this Agreement.

D. "Support Services" - any and all staff services utilized to perform the Scope of Work and Program Services set forth in this Agreement and provided by CITY CARE staff in support and furtherance of Program Services.

SECTION 2. SERVICES TO BE PROVIDED

CITY CARE shall undertake and provide overflow winter shelter services, as described in Attachment "A", attached hereto and incorporated as part hereof by reference. The City will not reimburse expenses which are not directly related to the provision of overflow winter shelter services, as described in Attachment "A".

SECTION 3. REPORTS

As a part of the Program Services specified in this Agreement, and to keep The City informed of progress and accomplishments for each element of the Program Services, CITY CARE shall submit the Reports set forth in this Agreement as A. and B. All the Reports in this section that are to be submitted to the City shall be in writing, unless otherwise directed by the Program Coordinator or the City Manager.

Monthly Reports and Requests for Payment shall be submitted to The City's Program Coordinator.

A. Monthly Reports

The Monthly Reports shall contain quantitative information detailing the activities conducted and number of people served; the total fees and expenses incurred for the Program Service during the reporting period; and the remaining contract balance.

B. Final Report

1. A written Final Report shall be developed and submitted at the end of the term of this Agreement to detail accomplishments and expenditure of funds from The City.
2. The Program Coordinator shall consider the Final Report and either approve the Final Report as acceptable and complete or reject the Final Report and return it for additional information and/or documentation. No payments shall be made for support services until the Final Report has been approved by the Program Coordinator.

C. HMIS Reporting

In addition to the reports set forth in this Section as A and B, CITY CARE shall enter data for all people served in the HMIS database.

SECTION 4. COMPENSATION

Payment for work and services under the ATTACHMENT A section of this Agreement shall be as follows:

A. Payment on Reimbursement Basis. It is expressly understood and agreed that payments made by the City under this Agreement are for reimbursement of expenses for work and services made under the terms and conditions of this Agreement.

B. Compensation. The City agrees to reimburse CITY CARE in an amount not to exceed Thirty-Four Thousand Eight Hundred Forty-Five (\$34,845.00) Dollars for the work and services performed.

C. CITY CARE is not authorized to perform, and shall not be compensated for, any other additional work or services except as approved in writing by the parties to this Agreement.

SECTION 5. SUBMISSION OF REQUESTS FOR PAYMENT

A. Request for Payment. CITY CARE shall submit to The City a Request for Payment for the Program Services performed and paid for by CITY CARE during the reporting period, which shall be in a form and format provided by the Program Coordinator. The first Request for Payment shall cover the period beginning November 1, 2023 and ending March 31, 2024. All Requests for Payment shall be signed by the chief administrative official of City Care, or his/her designee, and mailed or sent via email to the attention of the Program Coordinator. Requests for Payment are due monthly for eligible expenses.

B. Requests Shall Not Exceed Available Funds. All Requests for Payment shall not exceed the available funds for each of the line items as set forth in **Attachment "A"** to this Agreement. If it is determined by The City that there is a need to reapportion the Program Services funds within the line items, CITY CARE shall send written notice to the Program Coordinator requesting approval of a re-designation of Program Services Funds.

SECTION 6. PAYMENT OF CLAIMS

Upon submittal of the Request for Payment by CITY CARE, The City shall review and approve or reject the payment request, as appropriate. If approved, The City shall pay the invoice in accordance with its purchasing policies and procedures. If the invoice is rejected, the Program Coordinator shall provide, in writing to CITY CARE, the reasons for the rejection. CITY CARE shall then timely provide the necessary information, or make the necessary corrections or adjustments, to allow City approval of the invoice and payment request.

The Program Coordinator is authorized to approve claims for payment, subject to review and approval or ratification as provided in this Agreement.

SECTION 7. DISCLOSURE

A. CITY CARE hereby agrees to create, collect and maintain, and to present upon request of the Program Coordinator, the City Manager, or the City Auditor, any and all financial records, documentation, invoices, agreements and other detailed information relating to this Agreement. However, the City agrees, to the extent permitted by law, to work with CITY CARE to maintain the confidentiality of information provided.

B. In addition, CITY CARE shall use its best efforts to require any person performing work by contract, subcontract or any other arrangement for which reimbursement is or may be sought under the Agreement, to create, collect and maintain, and to present upon request, such similar information to The City. Said detailed information maintained by CITY CARE and any associate shall be available for inspection at reasonable times.

C. CITY CARE shall maintain its financial records in accordance with generally accepted accounting principles, applied on a consistent basis.

D. CITY CARE shall submit a list of Officers, Board Members, and a copy of its annual budget to the City at the commencement of this Agreement. If CITY CARE's Board of Directors, Executive Management Staff or Designated Program Staff changes within the contract period, CITY CARE shall notify and provide contact information to the Program Coordinator within ten (10) days of the change.

E. CITY CARE agrees the required retention period for all documents to be maintained under this Agreement shall be five (5) years from end of fiscal year in which final payment was made.

SECTION 8. AUDITED FINANCIALS

A. CITY CARE shall include in its annual or bi-annual independent audit, by a Certified Public Accountant, a requirement that City funds received under this Agreement are separately identified and scheduled. The auditor shall perform procedures necessary to determine whether the funds requested and received from The City were expended in compliance with the provisions of this Agreement. CITY CARE shall provide The City with a copy of the completed final audit within one month of its acceptance by CITY CARE's governing body, but no later than 90 days from the issuance of the audit. The City recognizes that this audit shall be for the portion of the fees, costs and expenses reimbursed during the period covered by the independent audit, rather than the period of this Agreement. The cost of the audit shall not be a reimbursable expense under this Agreement.

B. The City reserves the right to examine or audit all documents supporting expenditures, invoices and Requests for Payment at any time, and shall provide written notice of such request whenever possible or practical. Notice of request to audit all documents related to this Agreement is not required. This right shall extend for a period of five (5) years after termination of this Agreement.

C. The determination of a CITY CARE auditor as to whether the funds requested and received from The City were expended in compliance with the provisions of this Agreement shall not be binding on the City and any CITY CARE expenditure or claim for reimbursement and any payment shall be subject to review by the City, the Program Coordinator, the City Manager, the City Auditor, and the City's independent audit firm.

SECTION 9. RECOVERY OF FUNDS

It is expressly understood and agreed that The City may recover from CITY CARE any funds paid to CITY CARE under this Agreement that are later documented to have been improperly claimed and paid. This right shall not expire upon the termination, cancellation, or expiration of this Agreement.

SECTION 10. CANCELLATION

A. The City may cancel this Agreement, or any portion of this Agreement, upon written notice to CITY CARE. Such notice shall be deemed to have been received when deposited in the United States certified mail, with proper address and sufficient postage thereon. If the cancellation

is for the convenience of the City and not for any impropriety, default, or breach of contract on the part of CITY CARE, the City shall provide thirty (30) days' written notice of the cancellation. Upon the effective date of cancellation, whether for convenience or for cause, CITY CARE shall do no further work and make no further commitments or expenditures related to this Agreement without the express written consent of The City. If the cancellation is for impropriety, default, or breach of contract on the part of CITY CARE, the notice will be as determined to be appropriate by The City.

B. After the date of cancellation hereof, The City shall reimburse CITY CARE for Program Services provided or incurred, and appropriately and properly documented by CITY CARE while this Agreement was in effect and that were incurred up to the date of cancellation, all in accordance with the billing procedure set forth herein and other pertinent provisions of this Agreement.

C. At any time during the term of this Agreement, The City may cancel any Program Service or Project to be performed by CITY CARE without affecting any other Program Service, or the rights of The City hereunder.

SECTION 11. COMPLIANCE WITH ORDINANCES, REGULATIONS, AND STATE LAW

A. CITY CARE shall comply with all existing Codes and Ordinances of The City, the laws of the State of Oklahoma, and the laws of the United States of America relating or pertaining in any manner to this Agreement.

B. The laws of the State of Oklahoma shall govern the validity of this Agreement, its interpretation and performance, and any other claims related to it. The parties agree that any action, at law or in equity, regarding or relating to this Agreement shall be in a court of appropriate jurisdiction in Oklahoma County.

SECTION 12. PROHIBITION AGAINST CONTINGENT FEES

CITY CARE warrants that it has not employed or retained any company or person, other than a bona fide regular employee working solely for CITY CARE, to solicit or secure this Agreement, and that neither CITY CARE nor any entity thereof, has paid or agreed to pay any person, company, corporation, individual, or firm other than a bona fide employee working for CITY CARE, or any entity thereof, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the making of this Agreement.

SECTION 13. CERTIFICATE OF NONDISCRIMINATION

CITY CARE agrees, in connection with the performance of work under agreement(s)/contract(s) with the City or its public trusts:

- A. CITY CARE shall not discriminate against any employee, applicant for employment or deny any services because of race, color, religion, sex (including gender identity or sexual orientation), national origin, familial status, genetic information, age or disability. CITY CARE shall take affirmative action to ensure that employees are treated without regard to their race, creed, sex, color, national origin, ancestry, age, or disability as defined by the Americans with Disabilities Act of 1990, § 3(2). Such actions shall include, but not be limited to, the following: employment, promotion, demotion or transfer, recruitment, advertising, lay-off, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship. CITY CARE agrees to post, in conspicuous place available to employees and applicants for employment, a notice that contains this language.
- B. In the event of a City-approved subcontract, CITY CARE agrees to include this non-discrimination clause in any subcontracts connected with the performance of City agreement(s)/contract(s).
- C. In the event of CITY CARE's non-compliance with the above non-discrimination clause, City agreement(s)/contract(s) may be canceled or terminated by the City. The contractor may be declared by the City ineligible for further agreement(s)/contract(s) with the City until satisfactory proof of intent to comply is made by CITY CARE.

SECTION 14. NOTICES

- A. Notices to The City shall be in writing personally served, emailed, or sent by certified mail to the Program Coordinator:

Jerod Shadid, Program Planner
Planning Department/Community Development Division
420 West Main Street, Suite 920
Oklahoma City, OK 73102

And to: City Clerk
The City of Oklahoma City
200 N Walker, Second Floor
Oklahoma City, OK 73102

or to such other official and/or address as The City may from time to time specify in writing.

- B. Notice to CITY CARE shall be in writing, personally served or sent by email or certified mail to the following addresses:

City Care, Inc.
6001 N Classen Blvd., Building 5
Oklahoma City, OK 73118

or to such other official addresses as CITY CARE may from time to time specify in writing.

SECTION 15. ASSIGNMENT

This Agreement cannot be assigned or transferred unless approved in advance, in writing by The City.

SECTION 16. AMENDMENT

This Agreement may only be modified by written amendment executed by both parties.

SECTION 17. DEFEND, INDEMNIFY AND SAVE HARMLESS

To the fullest extent permitted by law, CITY CARE agrees to release, defend, indemnify and save harmless the City and its officers, agents and employees, from and against any and all loss of or damage to property, injuries to or death of any person or persons and/or all claims, damages, suits, costs, expenses, liability, actions or proceedings of any kind or nature whatsoever, including, without limitation, Worker's Compensation claims of or by anyone whomever, in any way resulting from or arising out of CITY CARE's negligent acts, operations, errors and/or omissions under or in connection with this Agreement and the parties for whom either entity is legally responsible. CITY CARE shall promptly advise the City in writing, of any action, administrative or legal proceeding or investigation as to which this indemnification may apply, and CITY CARE, at its expense, shall assume the defense of the City with counsel satisfactory to the City. This section shall survive the expiration of this Agreement. Provided, however, CITY CARE need not release, defend, indemnify or save harmless the City or its officers, agents and employees, from damages or injuries resulting from the negligence of the City, its officers, agents or employees. It is understood that this indemnity and hold harmless provision is not limited by the insurance required under the provisions hereof.

SECTION 18. INSURANCE

A. Required insurance from responsible insurance companies eligible to do business in the State of Oklahoma shall be carried and maintained throughout the term of this Agreement. The policy(s) may not be canceled, fail to be renewed, nor the limits decreased by endorsement without thirty (30) days prior written notice to The City and any participating public trust. All liability policies shall provide that The City is named an additional insured as to the operations of CITY CARE under this Agreement.

B. The insurance coverage and limits required under this agreement must be evidenced by properly executed certificates of insurance. The certificate must be signed by the authorized representative of the insurance company(s) shown in the certificate with proof that he/she is an authorized representative thereof. In addition, certified, true and exact copies of all insurance policies required shall be provided to The City on a timely basis if requested by The City. The required policies of insurance shall be performable in Oklahoma City, Oklahoma, and shall be construed in accordance with the laws of Oklahoma.

No less than thirty (30) days' prior written notice, by registered or certified mail, shall be given to The City of any cancellation, intent not to renew, or reduction or other modifications in the policies' coverage except in the application of the aggregate limits provisions. In the event of a reduction in any aggregate limit, CITY CARE shall immediately notify The City and shall make reasonable efforts to have the full amount of the limits appearing on the certificate reinstated. If at any time The City requests a written statement from the insurance company(s) as to any impairments to the aggregate limit, CITY CARE hereby agrees to promptly authorize and have delivered to The City such statement. CITY CARE authorizes The City to confirm all information so furnished as to CITY CARE's compliance with its insurance requirements with CITY CARE's insurance agents, brokers, surety and insurance carriers. All insurance coverage of CITY CARE shall be primary to any insurance or self-insurance program carried by The City.

C. No work shall commence under this Agreement unless and until the required certificates of insurance are provided to the Program Coordinator and in effect.

D. The insurance coverage and limits required of CITY CARE under this Agreement are designed to meet the minimum requirements of The City. Such coverage and limits are not designed as a recommended insurance program for CITY CARE. CITY CARE alone shall be responsible for the sufficiency of its own insurance program. Should CITY CARE have any question concerning its exposures to loss under this Agreement or the possible insurance coverage needed therefore, CITY CARE should seek professional assistance.

E. CITY CARE shall provide The City the following insurance:

1. Worker's Compensation. CITY CARE shall maintain, during the term of this Agreement, worker's compensation insurance as prescribed by the laws of the state of Oklahoma.
2. Commercial general liability insurance. CITY CARE shall maintain during the term of this Agreement sufficient commercial general liability insurance to protect CITY CARE and any additional insured(s) from claims for bodily injury, including death, as

well as from claims from property damages or loss, which may arise from activities, omissions and operations under this Agreement, whether such activities, omissions and operations be by CITY CARE or by any subcontractor or by anyone directly or indirectly employed by or acting on behalf of or to the benefit of them. The amounts of such insurance shall be not less than The City's maximum liability under the Governmental Tort Claims Act, 51 O.S. § 151 *et seq.*, as amended from time to time and which currently are:

- a. Property damage liability in an amount not less than Twenty-Five Thousand Dollars (\$25,000.00) per claimant for loss, damage to or destruction of property, including but not limited to consequential damages arising out of a single accident or occurrence.
- b. All other liability in an amount not less than One Hundred Seventy-Five Thousand Dollars (\$175,000.00) per claimant for claims including death, personal injury, and all other claims arising out of a single accident or occurrence.
- c. Single occurrence or accident liability in an amount not less than One Million Dollars (\$1,000,000.00) for any number of claims arising out of a single accident or occurrence.

F. Any lapse of insurance coverage is declared a breach of this Agreement. The City may, at its option, suspend this Agreement until there is full compliance with this Section 18 “Insurance” or terminate this Agreement for nonperformance.

SECTION 19. NO THIRD-PARTY BENEFICIARIES

The Agreement gives no rights or benefits to anyone other than The City and CITY CARE and has no third-party beneficiaries.

SECTION 20. WHOLE AGREEMENT

The Program Services to be provided by CITY CARE are defined solely by this Agreement, and not by any pre-execution statements, documents, representations, contracts, or agreements between the parties that may be associated with this Agreement or the negotiation hereof.

SECTION 21. EFFECTIVE DATE, AGREEMENT TERM, AND TIME

A. This Agreement shall be effective retroactive to November 1, 2023. All Services to be performed herein are to be completed by close of business on March 31, 2024. All payment requests shall be submitted by 5 p.m. on April 30, 2024.

B. Time shall be deemed to be of the essence of this Agreement.

SECTION 22. CAPTIONS

The captions provided herein, above each section, shall not in any way limit, restrict, affect, or define the meaning of the section.

IN WITNESS WHEREOF, the parties signify the Agreement to all contained herein by the following executions.

By: Rachel Freeman

CHIEF OPERATIONS OFFICER 12/18/2023
Title Date

ADOPTED by the Council and **APPROVED** by the Mayor of the City of Oklahoma this
16TH day of JANUARY, 2024.

ATTEST:

Amy K Simpson
CITY CLERK



THE CITY OF OKLAHOMA CITY

David Holt

Patricia E. Douglas-Gally
Assistant Municipal Counselor

APPROVED as to form and legality.

ATTACHMENT “A”

**WINTER SHELTER SERVICES GRANT BUDGET
FY 2023-2024**

PROJECT SPONSOR’S NAME: CITY CARE

ELIGIBLE COSTS	GRANT AMOUNT
Agency Administration, Agency Operations, Program Staff, Program Operations, Transportation	\$34,845.00
<u>TOTAL EXPENDITURES NOT TO EXCEED</u>	\$34,845.00

Services to be provided:

CITY CARE shall provide winter overflow shelter services for people living outdoors when overnight temperatures are anticipated to drop to 32 degrees or below. These services may include scheduling sufficient staff to operate the overflow shelter services, providing security for the shelter, providing food, and providing transportation.

THE CITY OF OKLAHOMA CITY
CERTIFICATE OF NONDISCRIMINATION

In connection with the performance of this Agreement, CITY CARE agrees as follows:

A. CITY CARE agrees not to discriminate against any employee or applicant for employment because of race, creed, sex, color, national origin, ancestry, age or disability as defined by the Americans with Disabilities Act of 1990, Sec. 3(2). CITY CARE shall take affirmative action to ensure that employees are treated without regard to their race, creed, sex, color, national origin, ancestry, age or disability as defined by the Americans with Disabilities Act of 1990, Sec. 3(2). Such actions shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruiting or recruitment, advertising, lay-off, or termination, rate of pay or other forms of compensation and selection for training, including apprenticeship. CITY CARE or Subcontractor shall agree to post in a conspicuous place, available to employees and applicants for employment, notices to be provided by the City Clerk of the City of Oklahoma City setting forth provisions of this section.

B. In the event of CITY CARE's non-compliance with this Nondiscrimination Certificate, this Agreement may be canceled, terminated or suspended by the Contracting Public Entity. CITY CARE may be declared by the Contracting Public Entity ineligible for further contracts until satisfactory proof of intent to comply shall be made by CITY CARE and/or Subcontractor.

C. CITY CARE agrees to include the requirements of this Nondiscrimination Certificate in any subcontracts connected with the performance of this Agreement.

I have read the above and agree to abide by these requirements:

***This form must be fully completed and signed by CITY CARE
or CITY CARE's Authorized Agent.***

City Care

Name of Private Non-Profit Corporation,
Agency or Governmental Entity

Rachel Freeman

Signature of CITY CARE or Authorized Agent

Rachel Freeman, Chief Operations Officer

Type or Print Name and Title of Person Signing

This Certificate is required by Oklahoma City Municipal Code, Chapter 25, Article
III § 25-41.



CITYCAR01C

BGROENHEIDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2024

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 License # 1017969 INSURICA 5100 N. Classen Blvd, #300 Oklahoma City, OK 73118	CONTACT NAME: Brittany Groenheide PHONE (A/C, No, Ext): (405) 556-2329 FAX (A/C, No): E-MAIL ADDRESS: Brittany.Groenheide@INSURICA.com
INSURED City Care, Inc. 2000 N Classen Blvd. Suite 3050 Oklahoma City, OK 73106	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company NAIC # 18058 INSURER B : INSURER C : 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X			1/15/2024	1/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				1/15/2024	1/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000				1/15/2024	1/15/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ Aggregate Limit \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Oklahoma City is listed as an additional insured with regards to the general liability policy if required by written contract and subject to all the provisions and limitations of the policy.

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City 420 W Main 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
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CITYCAR-01

MSOURIE1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/9/2024

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 Frates Irwin Risk Management Solutions 103 Dean A McGee Avenue STE 700 Oklahoma City, OK 73102	CONTACT NAME: Michael Sourie	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: msourie@fratesirwin.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED City Care, Inc. 2000 N Classen Blvd, Suite 3050 Oklahoma City, OK 73106	INSURER A : Wesco Insurance Company	NAIC # 25011
	INSURER B :	
	INSURER C :	
	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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A			WWC3673966	10/1/2023	10/1/2024	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

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

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

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