



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

February 5, 2025

**Renewal No. 1**

JackTags Inc  
5780 W Centinela Ave  
#219  
Los Angeles, CA 90045

**APPROVED**

4-8-2025

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00228 for Mowing and Landscaping Service** for the term **4/9/2025 through 4/8/2026** 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 **March 3, 2025**. 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) 297-1918, Fax (405) 297-05475 or Email: [Caleb.Gutel@okc.gov](mailto:Caleb.Gutel@okc.gov).

Thank you,

*Caleb Gutel*

Caleb Gutel, Senior Buyer  
Procurement Services

☒ **Yes, I would like to renew  
per the above mentioned.**  
☐ **No, I do not wish to renew.**

**\*SEE NOTE ON PAGE 2\***

**[INTERNAL USE ONLY]**

☐ **The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.**

Jelani Hoyte-King

**PRINTED NAME**  
COO/Project Manager

**TITLE**

**AUTHORIZED SIGNATURE**

JackTags

**COMPANY NAME**

5780 W. Centinela Ave. #219

**STREET ADDRESS**

Los Angeles, CA 90045

**CITY, STATE AND ZIP CODE**

(518) 221-1998

**BUSINESS TELEPHONE**

jelani@jacktags.com

**CONTACT E-MAIL**

On behalf of JackTags, I want to express our appreciation for the continued opportunity to provide landscaping services for the City of Oklahoma City. As we approach the renewal of our contract, we are committed to maintaining the same high standards of service that have defined our partnership.

Due to the rising costs of labor, materials, and overall inflation, we are requesting a modest 5% adjustment in pricing across the board as part of the contract renewal. This adjustment will allow us to continue delivering reliable, high-quality landscaping services while ensuring fair compensation for our workforce and covering the increasing costs of essential supplies.

We value our relationship with OKC and look forward to continuing our partnership. Please let us know what we can do to support this process, and any questions you might have regarding our request. We appreciate your consideration of our request.

Jelani Hoyte-King  
Chief Operating Officer

A handwritten signature in black ink, appearing to read 'Jelani Hoyte-King', written in a cursive style.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/11/2025

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> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C No. Ext):</b> (855) 222-5919	<b>FAX (A/C, No):</b>	
<b>INSURED</b> JackTags Inc. 5780 W Centinela Ave Apt 219 Los Angeles, CA 90045	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> State National Insurance Company, Inc.		12831
	<b>INSURER B:</b> National Specialty Insurance Company		22608
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
<b>INSURER E:</b>			
<b>INSURER F:</b>			

## COVERAGES

CERTIFICATE NUMBER: 154704070

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X	NXTHVLKLQ3-00-GL	03/19/2025	03/19/2026	EACH OCCURRENCE	\$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00
						MED EXP (Any one person)	\$10,000.00
						PERSONAL & ADV INJURY	\$1,000,000.00
						GENERAL AGGREGATE	\$1,000,000.00
						PRODUCTS - COMP/OP AGG	\$1,000,000.00
							\$
							\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>					AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	NXT3RXQCDV-00-WC	03/18/2025	03/18/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$100,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$100,000.00
						E.L. DISEASE - POLICY LIMIT	\$500,000.00
A	Professional Liability	X	NXTHVLKLQ3-00-GL	03/19/2025	03/19/2026	Each Occurrence:	\$1,000,000.00
						Aggregate:	\$1,000,000.00

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

The Certificate Holder is CITY OF OKLAHOMA CITY AND ITS TRUSTS BID 24402. This Certificate Holder is an Additional Insured on the General Liability policy with respect to ongoing operations. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER

CITY OF OKLAHOMA CITY AND ITS TRUSTS BID 24402  
100 N Walker Ave Ste 200  
Oklahoma City, OK 73102

## LIVE CERTIFICATE



[Click or scan to view](#)

## CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



### Important Information

Here are your Policy Identification Cards

We've provided two (2) cards for each vehicle on your policy.

### Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

### Evidence of Insurance

Here are your Evidence of Liability Insurance Cards. Two cards have been provided for each vehicle insured. One card must be carried in the proper insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law. A violation of these requirements can result in a fine of up to: \$1,000 for the first time; \$2,000 for additional times. Also, a judge can have your vehicle impounded. False proof of insurance may result in a fine up to \$750 and 30 days in prison.

TERENCE ANTIONE SIMPSON  
5780 W CENTINELA AVE APT 219  
LOS ANGELES CA 90045-8801

Cut Along the Dotted Line

#### California Evidence of Liability Insurance



GEICO General Insurance Company  
PO BOX 9506 Fredericksburg, VA 22403-9506

<b>NAIC Code</b>	<b>2013 VOLKS JETTA</b>
35882	<b>Vehicle ID No.</b> 3VWDP7AJ0DM265675

<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>
6183-84-13-26	11/12/24	05/12/25

<b>Named Insured(s)</b>	<b>Address</b>
Terence Antione Simpson	5780 W Centinela Ave Apt 219 Los Angeles CA 90045-8801

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

#### 2013 VOLKS JETTA

**Additional Drivers**

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Cut Along the Dotted Line

#### California Evidence of Liability Insurance



GEICO General Insurance Company  
PO BOX 9506 Fredericksburg, VA 22403-9506

<b>NAIC Code</b>	<b>2013 VOLKS JETTA</b>
35882	<b>Vehicle ID No.</b> 3VWDP7AJ0DM265675

<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>
6183-84-13-26	11/12/24	05/12/25

<b>Named Insured(s)</b>	<b>Address</b>
Terence Antione Simpson	5780 W Centinela Ave Apt 219 Los Angeles CA 90045-8801

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

#### 2013 VOLKS JETTA

**Additional Drivers**

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.



### **Need another form of proof of insurance?**

You may need the Insurance Binder for most finance companies, dealerships or vehicle registrations.

**Scan this code to get another form of proof of insurance immediately!**



If your address changes, update it using the app or log in to [geico.com](http://geico.com). By keeping your information up-to-date, you'll continue to receive important policy documents.

Cut Along the Dotted Line

2013 VOLKS JETTA



- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

#### **If you're in an accident:**

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

#### **To report a claim**

Go to [geico.com/claims](http://geico.com/claims), use the GEICO Mobile app or call 1-800-841-3000.

U4CA (08-24)

Cut Along the Dotted Line

2013 VOLKS JETTA



- Evidence of financial responsibility shall at all times be carried in the vehicle.
- Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

#### **If you're in an accident:**

- Stay at the scene and find a safe area.
- Do not admit fault or disclose your coverage limits.
- Call the police, and gather driver and vehicle information.
- Find any witnesses and get their contact information.

#### **To report a claim**

Go to [geico.com/claims](http://geico.com/claims), use the GEICO Mobile app or call 1-800-841-3000.

U4CA (08-24)



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

February 5, 2025

**Renewal No. 1**

Grooms Irrigation Company  
PO Box 3850  
Edmond, OK 73083

**APPROVED**  
4-8-2025

BY THE CITY COUNCIL  
*Arny H. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00229 for Mowing and Landscaping Service** for the term **4/9/2025 through 4/9/2026** 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 **March 3, 2025**. 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) 297-1918, Fax (405) 297-475 or Email: [Caleb.Gutel@okc.gov](mailto:Caleb.Gutel@okc.gov).

Thank you,

*Caleb Gutel*

Caleb Gutel, Senior Buyer  
Procurement Services

☒ 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.

*Brian Smith*  
PRINTED NAME  
*Vice President*  
TITLE  
*[Signature]*  
AUTHORIZED SIGNATURE  
*Grooms Irrigation*  
COMPANY NAME  
*PO Box 3850*  
STREET ADDRESS  
*Edmond, OK 73083*  
CITY, STATE AND ZIP CODE  
*405-348-2557*  
BUSINESS TELEPHONE  
*brian@groomsirrigation.com*  
CONTACT E-MAIL





GROOIRR-01

SVAUGHN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2025

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 <b>BancFirst Insurance Services, Inc.</b> 13230 Pawnee Drive, Suite 205 Oklahoma City, OK 73114	CONTACT NAME: <b>Shannon Vaughn</b>	
	PHONE (A/C, No, Ext): <b>(405) 600-1814</b>	FAX (A/C, No): <b>(405) 948-7346</b>
	E-MAIL ADDRESS: <b>shannon.vaughn@bancfirst.insurance</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>EMC Insurance Companies</b>	<b>25186</b>
INSURED  <b>Grooms Irrigation Company</b> PO Box 3850 Edmond, OK 73083	INSURER B : <b>Emcasco Insurance Company</b>	<b>21407</b>
	INSURER C : <b>Stonetrust Premier Casualty Insurance Co</b>	
	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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	6D555425	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> EMPLOYEE BENEFIT \$ <b>2,000,000</b>
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	6E5554725	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 \$ <b>10,000</b>			6J5554725	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b> Pers & Adv \$ <b>5,000,000</b>
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		X	SPC00281482025A	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Pollution Liability			6D555425	4/1/2025	4/1/2026	Aggregate <b>1,000,000</b>

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

Re: Bid Number 24402 - Irrigation Systems, Supplies, Repair/Replacement Parts and Services Agreement. City of Oklahoma City is included as Additional Insured to General Liability & Auto Liability as required by written & signed contract. A Waiver of Subrogation applies to General Liability, Auto Liability and Workers Compensation as required by written & signed contract. The Umbrella Liability policy is follow form and extends over the General Liability, Auto Liability, and Employers Liability. Coverage is Primary and Non-Contributory.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City and its Trusts  
100 N Walker, Suite 200  
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



## Renewal No. 1

**APPROVED**  
4-8-2025

BY THE CITY COUNCIL  
Amy K. Simpson CITY CLERK





MARCDL03C

SSTUART

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/1/2024

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> <b>INSURICA</b> 2420 Springer Dr, Suite 105 Norman, OK 73069	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (405) 310-1583	<b>FAX (A/C, No):</b> (405) 217-0311
	<b>E-MAIL ADDRESS:</b> service@INSURICAexpress.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  MD Lawn Care Service, LLC 4300 NW 27th St Oklahoma City, OK 73107	<b>INSURER A :</b> EMC Property & Casualty Company	<b>NAIC #</b> 25186
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	6D33311 - 25	5/1/2024	5/1/2025	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>AUTOMOBILE LIABILITY</b> <input 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						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? (Mandatory in NH) <input type="checkbox"/> Y / N 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)

Bid number (24402)

Additional insured(s) on the listed policies as required by contract: BID 24402)

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City and its Trusts  
100 N Walker ste 200  
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

## SECURITY VERIFICATION FORM - Oklahoma

**Policy Number:** 962796983

**NAIC Number:** 16322

**Effective Date:** 10/24/2024

**Expiration Date:** 04/24/2025

**Policy Type:** Personal

**Insurer:** Progressive Direct Insurance Co 1-800-776-4737

6300 Wilson Mills Road, Mayfield Village, OH 44143

**Customer Service:** PO Box 31260 Tampa, FL 33631

**An authorized Oklahoma insurer has issued an [X] Owner [X] Operator liability insurance policy pursuant to the Compulsory Insurance Law of Oklahoma to the following named insured:**

**Named Insured(s):**

Heather A Delgado

Marco A Delgado-Robles

**Year Make**

**Model**

**VIN**

2015 Ram

Ram 1500

1C6RR6LTXFS535010

2012 Hyundai

Tucson

KM8JU3AC2CU336521

2011 Ford

F250

1FT7W2B66BEB98647

**Note:** If the named insured has been issued an operator's liability insurance policy, this form applies in lieu of an Owner's Security Verification Form.

**Heather A Delgado**  
**Marco A Delgado-Robles**  
Gold Level  
Valued Customer Since 2022





City of Oklahoma City and  
County of Tulsa

# OKLAHOMA WORKERS' COMPENSATION COMMISSION

24402

1915 N STILES AVE STE 231 · OKC, OK · 73105 · (405) 522-3222 · WCC.OK.GOV

Tulsa office · 201 Executive Center 5th Fl, 201 West 5th Street · Tulsa, Oklahoma 74103 · (918) 295-3732

## AFFIDAVIT OF EXEMPT STATUS UNDER THE ADMINISTRATIVE WORKERS' COMPENSATION ACT

**Affidavit Number: AES2023-037375**

**Effective Date: 12/11/2023,**

**Expiration Date: 12/11/2025, 12:01AM**

**Filing Type: New**




I, **MARCO ANTONIO DELGADO**, state under penalty of perjury, as follows:

1. I, **MARCO ANTONIO DELGADO**, in my individual capacity or operating as **MD LAWN CARE SERVICE LLC**, have read, signed and attached the Exempt Status Fact Sheet and understand the definition of "employee" and specific exceptions to that definition found in 85A O.S. §2(18). I also understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work. A Contractor may be either (i) the owner of a project or job or (ii) an Independent Contractor in any tier who has subcontracted with a subcontractor.
2. I understand that based upon the representations in this Affidavit of Exempt Status ("Affidavit"), I am requesting that the recipient of this Affidavit consider my business to either (i) be exempt from the definition of "employee" or (ii) be that of an independent contractor, and that no workers' compensation insurance premium be charged for the services performed by my business. I do not want workers' compensation insurance and understand that I am not eligible for workers' compensation on benefits.
3. In the event changed circumstances make securing compensation pursuant to the requirements of the Administrative Workers' Compensation Act necessary, I will execute and file a Cancellation of Affidavit of Exempt Status with the Workers' Compensation Commission. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Administrative Workers' Compensation Act.
4. The information I have provided is not the result of force, threats, coercion, compulsion or duress.
5. I understand that the execution of this Affidavit, if I am an independent contractor, shall establish a conclusive presumption that I am not an employee for purposes of the Administrative Workers' Compensation Act.
6. I understand that the execution of this Affidavit shall not affect the rights or coverage of any employee of the individual or business executing this Affidavit.
7. I understand if any contractor or its insurer shall become liable under the Administrative Workers' Compensation Act for the payment of compensation due to a compensable work related injury of my employee(s), the contractor or its insurer may recover from me the amount of such compensation paid or for which liability is incurred.
8. I understand that knowingly providing false information on an executed Affidavit of Exempt Status shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00).

### Affiant Signature

I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Affiant Name: <b>MARCO ANTONIO DELGADO</b>	Title: <b>OWNER</b>
Business Name: <b>MD LAWN CARE SERVICE LLC</b>	FEIN: <b>87-1678594</b>
Email: <b>mdlawncs@gmail.com</b>	
Affiant Signature: 	Date: <b>12/09/2023</b>

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

**EXEMPT STATUS FACT SHEET**

Pursuant to 85A O.S., §36, any individual or business entity that is not required to secure compensation under the requirements of the Administrative Workers' Compensation Act (AWCA) may execute an Affidavit of Exempt Status. **Those who are unsure as to whether they may lawfully submit an Affidavit of Exempt Status should seek competent legal advice.**

**Employee:** 85A O.S., §2(18): The definition of "employee" includes any person, including minors, in the service of an employer under any contract of hire or apprenticeship, written or oral, expressed or implied. It excludes those whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer. Additional, specific exceptions may be found in 85A O.S. §2(18)(b).

**Independent Contractor:** The AWCA does not define "independent contractor." Oklahoma law considers an independent contractor to be one who engages to perform certain services for another, according to his or her own manner and method, free from control and direction of his or her contractor in all matters connected with the performance of the service, except as to the result or product of the work. Independent Contractors are not "employees" for purposes of the AWCA.

Below are statements to help you decide if you are an independent contractor. **No one statement is controlling, and your status is based on all the facts in your situation.**

1. The nature of the contract between you and the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
2. The contractor exercises very little control over your work. For example: By the agreement, can the contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Does the Contractor supervise your work?
5. Your occupation requires special skills, license, education or training.
6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the contractor? Do you perform the work at your business or the contractor's business location or jobsite? Do you wear a uniform supplied by the contractor?
7. The length and duration of the job does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
10. You do not consider yourself an employee of the contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

C  
2  
5  
4  
0  
0  
8

**It is a crime to falsify the information on this form**