



The City of
OKLAHOMA CITY
Department of Public Works

March 06, 2024

Jay Lemon
Haskell Lemon Group, LLC
P.O. Box 75608
Oklahoma City, OK 73147

APPROVED
4-9-2024

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

RE: Project BC-0241, Bridge Replacement/Rehabilitation, Citywide – Contract Renewal

Dear Mr. Lemon,

The City of Oklahoma City and Haskell Lemon Group, LLC have the option of renewing the Contract for BC-0241, Bridge Replacement/Rehabilitation, for the term of March 28, 2024 to March 27, 2025, under the same terms, conditions and provisions as originally awarded, including prices. Please indicate your concurrence or non-concurrence below, and return to Chase Thompson at chase.thompson@okc.gov by March 11, 2024, with a current certificate of insurance. Your concurrence does not guarantee renewal.

☒ Yes, I would like to renew the above mentioned contract.

☐ No, I do not wish to renew the above mentioned contract.

SIGNATURE BY PRESIDENT/ AUTHORIZED REPRESENTATIVE

Jay Lemon

PRINTED NAME OF SIGNATORY

Haskell Lemon Group, LLC

COMPANY NAME

PO Box 75608

STREET ADDRESS

Oklahoma City, OK 73147

CITY, STATE, ZIP CODE

(405) 947-6069

BUSINESS TELEPHONE

(CITY USE ONLY)

☐ The City of Oklahoma City chooses not to renew the above contract.



SUPEBOW-01

DAMIEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2024

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 Brush Creek Partners 520 Pennway, Suite LL Kansas City, MO 64108	CONTACT NAME:		
	PHONE (A/C, No, Ext): (816) 523-2323	FAX (A/C, No): (913) 800-8249	
	E-MAIL ADDRESS: info@brushkc.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Contractors Insurance Company RRG		12300
INSURED Haskell Lemon Group, LLC PO Box 75608 Oklahoma City, OK 73147	INSURER B : XL Specialty Insurance Company		37885
	INSURER C : ACIG Insurance Company		19984
	INSURER D : Steadfast Insurance Company		26387
	INSURER E : Travelers Property Casualty Company Of America		25674
	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:			GL21A00048*	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 STOP GAP \$ 10,000,000
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			AL20000015	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			US00084656LI21A	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
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 N	N / A	WCA000012021	6/1/2023	6/1/2024	<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
D	Pollution/Profession			PCAB-5014614-0621	6/1/2023	6/1/20234	Ea Claim/Aggregate* 10,000,000
E	Leased/Rented Equip			QT-630-5K196395-TIL-21	12/1/2023	12/1/2024	Any One Item 1,000,000

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

*Policy #GL17B00048/GL17C00048 GL XS

Professional/Pollution Aggregate* Limit is total insurance available for all claims presented within the policy period for operations of insured. Limit will be reduced by payments of indemnity and/or expenses

THE CITY OF OKLAHOMA CITY IS AN ADDITIONAL INSURED, WITH RESPECT TO LIABILITY, ARISING OUT OF THE PROJECT OR EVENT. THE CITY OF OKLAHOMA CITY IS A LOSS PAYEE ON VALUABLE PAPERS INSURANCE.

CERTIFICATE HOLDER

CANCELLATION

The City of Oklahoma City and its beneficiary trusts 420 W. Main St. Suite 400 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 