



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

May 12th, 2023

ABC Professional Tree Services Inc  
201 Flint Ridge Road  
Ste 201  
Webster, TX 77598

**APPROVED**  
8-15-2023

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C227027 for Tree Pruning, Trimming, and Removal Services** for the term **August 17, 2023 through August 16, 2024** 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 **June 2nd, 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) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ **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.**

Martin Arriola

**PRINTED NAME**  
VP

**TITLE**

*Martin Arriola*

**AUTHORIZED SIGNATURE**  
ABC Professional Tree Services, Inc.

**COMPANY NAME**  
201 Flint Ridge Road, Ste. 201

**STREET ADDRESS**  
Webster, TX 77598

**CITY, STATE AND ZIP CODE**  
(281) 638-3558 AND/OR (832) 713-5701

**BUSINESS TELEPHONE**  
info@abctree.com and/or ygarza@abctree.com

**CONTACT E-MAIL**

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/30/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Southwest, Inc.</b> <b>9811 Katy Freeway, Suite 500</b> <b>Houston, TX 77024</b> <b>713 490-4600</b>	<b>CONTACT NAME:</b> Kyle Schaefer <b>PHONE (A/C, No, Ext):</b> 713 490-4600 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Kyle.Schaefer@usi.com														
<b>INSURED</b> <b>ABC Professional Tree Services, Inc.</b> <b>201 Flint Ridge Rd., Suite 201</b> <b>Webster, TX 77598</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B : Texas Insurance Company</td> <td>16543</td> </tr> <tr> <td>INSURER C : Trumbull Insurance Company</td> <td>27120</td> </tr> <tr> <td>INSURER D : Crum &amp; Forster Specialty Insurance Co.</td> <td>44520</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Texas Insurance Company	16543	INSURER C : Trumbull Insurance Company	27120	INSURER D : Crum & Forster Specialty Insurance Co.	44520	INSURER E :		INSURER F :	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 <input checked="" type="checkbox"/> <b>BI/PD Ded:250000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		61CSEOL4794	07/20/2023	07/20/2024	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		61CSEOL4793	07/20/2023	07/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000		B1216CT2300442	07/20/2023	07/20/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	61WNS76900	07/20/2023	07/20/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	<b>Pollution Liability</b>		PKC113124	07/20/2022	07/20/2024	*See Below*

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

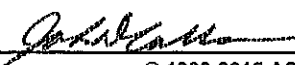
The General Liability, Pollution Liability, and Auto Liability policy(s) include a blanket Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a

written contract between the Named Insured and the Certificate Holder that requires such status.

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Oklahoma City and any participating public trust</b> <b>100 North Walker, Suite 200</b> <b>Oklahoma City, OK 73102</b>	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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## DESCRIPTIONS (Continued from Page 1)

The General Liability, Pollution Liability, Auto Liability and Workers Compensation policy(s) include a blanket Waiver of Subrogation endorsement in favor of the Certificate Holder only when there is a written contract between the Named Insured and Certificate Holder that requires such status.

The General Liability, Pollution Liability, and Auto Liability policy(s) include a Primary and Non Contributory endorsement when required by written contract.

Certificate Holder is provided 30-60 days notice of cancellation, except 10 days for non-payment of premium.

**\*\*Auto Liability\*\***

The Auto Liability policy contains the MCS-90 endorsement for Motor Carrier Policies of Insurance for Public Liability Under Sections 29 and 30 of the Motor Carrier Act of 1980.

**\*\*Pollution Liability\*\***

Contractors Pollution Liability Limit: \$5,000,000 each pollution

Third Party Pollution Liability Limit: \$5,000,000 each pollution

Onsite Cleanup Limit: \$5,000,000 each pollution

Aggregate Limit: \$10,000,000

Deductible: \$50,000 each claim

City of Oklahoma and any public Trusts are Additional Insured, including General Liability and Automotive Liability as required by written contract, R24-C227027.



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

May 12th, 2023

Arbor Masters  
8405 SW 15th Street  
Oklahoma City, OK 73128

**APPROVED**  
8-15-2023

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C227028 for Tree Pruning, Trimming, and Removal Services** for the term **August 17, 2023 through August 16, 2024** 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 **June 2nd, 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.

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If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: [jennifer.swann@okc.gov](mailto:jennifer.swann@okc.gov).

Thank you,

Jennifer Swann MPA, CPO  
Senior Buyer

☒ 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.

Justin Chavez  
PRINTED NAME  
Branch Manager  
TITLE  
[Signature]  
AUTHORIZED SIGNATURE  
Arbor Masters  
COMPANY NAME  
8405 SW 15th st  
STREET ADDRESS  
OKC, OK 73128  
CITY, STATE AND ZIP CODE  
405 495 8746  
BUSINESS TELEPHONE  
jchavez@arbormasters.com  
CONTACT E-MAIL



ARBOMAS-04

KBOOTH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/22/2023

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.

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<b>PRODUCER</b> The Robert E Miller Group 903 E 104th Street, Suite 800 Kansas City, MO 64131	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (816) 333-3000	<b>FAX (A/C, No):</b> (816) 822-1634
	<b>E-MAIL ADDRESS:</b> certs@millercare.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Zurich American Ins Co.	<b>NAIC #</b> 16535
<b>INSURED</b>  Arbor Masters A Div. of Shawnee Mission Tree 8250 Cole Parkway Shawnee Mission, KS 66227	<b>INSURER B:</b> Navigators Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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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 checked="" type="checkbox"/> LOC OTHER:			GLO581802210	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMP BENEFIT AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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			BAP581802310	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HO23EXC799733IV	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC581802110	3/1/2023	3/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 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 require)

City of Oklahoma City and any participating public trust is an additional insured as respects to General Liability, as required by written contract, R24-C227028.

## CERTIFICATE HOLDER

## CANCELLATION

City of Oklahoma City and any participating public trust  
100 North 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

## LETTER OF AUTHORIZATION

**THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE RENEWAL LETTER WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER, OR AN OFFICER OF THE CORPORATION**

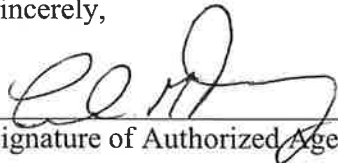
City of Oklahoma City or related Public Trust:

This letter authorizes Justin Chavez to sign

Renewal Letters and all forms related to the City of Oklahoma City's pricing agreement/contract

on behalf of Shawnee Mission Tree Service dba Arbor Masters  
Company Name

Sincerely,

  
Signature of Authorized Agent

President  
Print Title

7-12-23  
Date

Patrick M. Turley  
Print Name

Email Address: pturley@arbormasters.com

Title: (must be checked)

- ☐ Owner
- ☐ Chief Executive Officer [CEO]
- ☐ Chief Financial Officer [CFO]
- ☐ Chief Operating Officer [COO]
- ☐ Chairman or Chairman of the Board
- ☐ Vice-President

- ☐ Treasurer
- ☐ Corporate Secretary
- ☐ Assistant Secretary
- ☐ Secretary-Treasurer
- ☒ President