



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

April 3, 2023

RFIP Inc  
7720 N. Robinson Avenue  
Ste B3  
Oklahoma City, OK 73116

**APPROVED**  
6-20-2023

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221051 for Structured Cabling** for the term **7/1/2023 through 6/30/2024** 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 **May 1, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, 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.

Michael S Capps  
PRINTED NAME  
Executive VP of Business Development  
TITLE  
[Signature]  
AUTHORIZED SIGNATURE  
RF-IP, INC  
COMPANY NAME  
7720 N. Robinson, Suite B3  
STREET ADDRESS  
Oklahoma City, OK 73116  
CITY, STATE AND ZIP CODE  
(405) 286-0928  
BUSINESS TELEPHONE  
Sales@RFIP.COM  
CONTACT E-MAIL



RF-IINC-02

JFORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2023

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<br>Rich & Cartmill, Inc.<br>9401 Cedar Lake Avenue<br>Oklahoma City, OK 73114        | CONTACT NAME: <b>Jacquie Ford</b>                     |                |
|   | PHONE (A/C, No, Ext): <b>(405) 463-7519</b>           | FAX (A/C, No): |
|   | E-MAIL ADDRESS: <b>jford@rcins.com</b>                |                |
|   | INSURER(S) AFFORDING COVERAGE                         | NAIC #         |
|   | INSURER A : <b>STATE AUTO PROPERTY &amp; CASUALTY</b> | <b>25127</b>   |
| INSURED<br><br><b>RF-IP, Inc.<br/>7720 N Robinson Ave B3<br/>Oklahoma City, OK 73116-7734</b> | INSURER B : <b>State Auto Mutual</b>                  | <b>25135</b>   |
|   | INSURER C : <b>COMPSOURCE MUTUAL INS CO</b>           | <b>36188</b>   |
|   | INSURER D : <b>Lloyds of London</b>                   | <b>112200</b>  |
|   | 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | 10134487CP    | 6/1/2023                | 6/1/2024                | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>                     |
|          |  |           |          |               |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>  |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                                       |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE \$ <b>2,000,000</b>   |
|          | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>   |           |          |               |                         |                         |   |
|          |  |           |          |               |                         |                         | \$  |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  | X         |          | 10134491CA    | 6/1/2023                | 6/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                         |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |           |          |               |                         |                         |   |
|          |  |           |          |               |                         |                         | \$  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>  |           |          | 10134492CU    | 6/1/2023                | 6/1/2024                | EACH OCCURRENCE \$ <b>10,000,000</b>  |
|          |  |           |          |               |                         |                         | AGGREGATE \$  |
|          |  |           |          |               |                         |                         | Aggregate \$ <b>10,000,000</b>  |
|          |  |           |          |               |                         |                         | \$  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N / A     |          | 03536247231   | 6/1/2023                | 6/1/2024                | <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>                                 |
| D        | Professional   |           |          | BINDER        | 6/1/2023                | 6/1/2024                | Professional \$ <b>2,000,000</b>  |

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

Contract number (R23-C221051)

Certificate Holder is Included as Additional Insured as Respects to General Liability, on a primary & non-contributory basis and for Ongoing Operations and Products/Completed Operations, Auto Liability, & Excess Liability as Required by Written Contract. Waiver of Subrogation is Included in Favor of Certificate Holder as Respects to General Liability, Auto Liability, Excess Liability and Workers Compensation as Required by Written Contract.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| City of Oklahoma City and Its Trusts<br>100 N. Walker Ave, Suite 200<br>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<br><i>Bobby J Young</i>  |



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

April 3, 2023

S K Shemor and Associates LLC  
4401 S. Nebraska Ave  
Oklahoma City, OK 73129

**APPROVED**  
6-20-2023

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. **R23-C221052 for Structured Cabling** for the term **7/1/2023 through 6/30/2024** 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 **May 1, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, 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.**

Claudia Medina-Schrader

**PRINTED NAME**

Owner

**TITLE**

*Claudia Medina-Schrader*

**AUTHORIZED SIGNATURE**

SK Shemor & Associates, LLC

**COMPANY NAME**

4401 S Nebraska Ave

**STREET ADDRESS**

Oklahoma City, OK 73129

**CITY, STATE AND ZIP CODE**

405.672.1216

**BUSINESS TELEPHONE**

info@skshemor.com

**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2023

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).

|   |   |                                    |
|---|---|------------------------------------|
| <b>PRODUCER</b><br>Unity Insurance Partners<br>1700 N. Broadway St.<br>Moore OK 73160 | <b>CONTACT NAME:</b> Shawn Warren<br><b>PHONE (A/C. No. Ext):</b> 405-799-3311<br><b>E-MAIL ADDRESS:</b> swarren@unity-ip.com | <b>FAX (A/C. No):</b> 405-799-3330 |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                      |
| INSURER A : The Hartford  |   | 914                                |
| INSURER B : Trumbull Insurance Company  |   | 27120                              |
| INSURER C :   |   |                                    |
| INSURER D :   |   |                                    |
| INSURER E :   |   |                                    |
| INSURER F :   |   |                                    |

**INSURED**  
S K Shemor & Associates LLC  
4401 S Nebraska Ave  
Oklahoma City OK 73129

SKSHEMO-01

**COVERAGES****CERTIFICATE NUMBER:** 1582577823**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        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> E&O<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 38SBAAS8JC8   | 6/19/2023               | 6/19/2024               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | 38UECEK2783   | 6/19/2023               | 6/19/2024               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | 38SBAAS8JC8   | 6/19/2023               | 6/19/2024               | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N / A    | 38WECAS8K8U   | 6/19/2023               | 6/19/2024               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

The City of Oklahoma City and its' Trusts are additional insureds on all policies as required by contract.; RE Contract #R23-C2210052

**CERTIFICATE HOLDER**

City of Oklahoma City and its Trusts  
100 N Walker Ste 200  
Oklahoma City OK 73102  
USA

**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.



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

April 3, 2023

Trans Tel Central LLC  
2851 N Flood Ave  
Norman, OK 73069

**APPROVED**  
6-20-2023

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221053 for Structured Cabling** for the term **7/1/2023 through 6/30/2024** 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 **May 1, 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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Thank you,

*Carla Jack*

Carla Jack, 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.

*Tim BEVINS*  
PRINTED NAME  
*CEO*  
TITLE  
*J. B.*  
AUTHORIZED SIGNATURE  
*Trans-Tel Central, LLC*  
COMPANY NAME  
*2851 N. Flood Ave*  
STREET ADDRESS  
*Norman, OK 73069*  
CITY, STATE AND ZIP CODE  
*(405) 447-5025*  
BUSINESS TELEPHONE  
*tim.bevins@trans-tel.com*  
CONTACT E-MAIL



## 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 Tim Bevins to sign

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

on behalf of Trans-Tel Central, LLC  
Company Name

Sincerely,



Signature of Authorized Agent

CFO

Print Title

5-1-2023

Date

Tim Bevins

Print Name

Email Address: tim.bevins@trans-tel.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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2023

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| <b>PRODUCER</b><br>Holmes Murphy & Associates - KC<br><br>1828 Walnut Sreet<br>Suite 700<br>Kansas City, MO 64108 |        | <b>1-866-574-6282</b>   | <b>CONTACT NAME:</b> Joel Dreiling<br><b>PHONE (A/C, No. Ext):</b> 816.857.7842<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> JDreiling@holmesmurphy.com |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
|---|--------|---|---|---------|--------|---------------------------|-------|--|-------|---------------------------------|-------|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Trans-Tel Central LLC<br><br>2851 N. Flood Ave.<br>Norman, OK 73069                             |        | <b>INSURER(S) AFFORDING COVERAGE</b><br><table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: PHOENIX INS CO</td><td>25623</td></tr><tr><td>INSURER B: TRAVELERS PROP CAS CO OF AMER</td><td>25674</td></tr><tr><td>INSURER C: STANDARD FIRE INS CO</td><td>19070</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> |   | INSURER | NAIC # | INSURER A: PHOENIX INS CO | 25623 | INSURER B: TRAVELERS PROP CAS CO OF AMER | 25674 | INSURER C: STANDARD FIRE INS CO | 19070 | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER   | NAIC # |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER A: PHOENIX INS CO   | 25623  |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER B: TRAVELERS PROP CAS CO OF AMER  | 25674  |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER C: STANDARD FIRE INS CO   | 19070  |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER D:  |        |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER E:  |        |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |
| INSURER F:  |        |   |   |         |        |                           |       |  |       |                                 |       |            |  |            |  |            |  |

**COVERAGES****CERTIFICATE NUMBER:** 68636411**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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X                               |          | DTC05W409726PHX23 | 04/15/23                | 08/01/23                | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table> | 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 |  | \$ |
| 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"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                 |          | 8105W4913002326G  | 04/15/23                | 08/01/23                | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>  | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000  | BODILY INJURY (Per person)                | \$            | BODILY INJURY (Per accident) | \$           | PROPERTY DAMAGE (Per accident) | \$           |                   | \$           |                        |              |  |    |
| COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000  |                                 |          |                   |                         |                         |   |   |               |   |               |                              |              |                                |              |                   |              |                        |              |  |    |
| 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<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                                 |          | CUP5W9143132326   | 04/15/23                | 08/01/23                | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 10,000,000</td></tr><tr><td></td><td>\$</td></tr></table>   | EACH OCCURRENCE   | \$ 10,000,000 | AGGREGATE                                 | \$ 10,000,000 |                              | \$           |                                |              |                   |              |                        |              |  |    |
| EACH OCCURRENCE   | \$ 10,000,000   |                                 |          |                   |                         |                         |   |   |               |   |               |                              |              |                                |              |                   |              |                        |              |  |    |
| AGGREGATE   | \$ 10,000,000   |                                 |          |                   |                         |                         |   |   |               |   |               |                              |              |                                |              |                   |              |                        |              |  |    |
|   | \$  |                                 |          |                   |                         |                         |   |   |               |   |               |                              |              |                                |              |                   |              |                        |              |  |    |
| C   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | N/A      | UB5W4979312326G   | 04/15/23                | 08/01/23                | <table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>  | <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 |                   |              |                        |              |  |    |
| <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  |                                 |          |                   |                         |                         |   |   |               |   |               |                              |              |                                |              |                   |              |                        |              |  |    |

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

RE: Contract No. R23-C221053. Structured Cabling.

City of Oklahoma City, and its Trusts are named as Additional Insured on General Liability as required by written contract with the Insured, per policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

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|---|--|
| City of Oklahoma City<br><br>Finance Dept.-Procurement Services Div.<br>100 N. Walker Avenue, Suite 200<br><br>Oklahoma City, OK 73102<br><br>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<br><br>   |

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ACORD 25 (2016/03)

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