



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No.1

APPROVED

11-5-2024

Baysingers Uniforms and Equipment
430 E Central Ave
Wichita, KS 67202

BY THE CITY COUNCIL
Amey M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247060 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2142 or Email: 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.

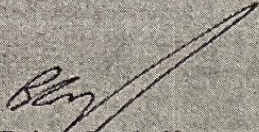
555
ATTACHED

Brian Carduff
PRINTED NAME
President
TITLE
[Signature]
AUTHORIZED SIGNATURE
Baysinger Police Supply
COMPANY NAME
430 E Central Ave
STREET ADDRESS
Wichita, KS 67202
CITY, STATE AND ZIP CODE
314 262-5643
BUSINESS TELEPHONE
Brian@Baysingers.com
CONTACT E-MAIL



To Whom it May Concern

Our Renewal of C247060 for the Police Uniforms, accessories, minor equipment and supplies will include a 3.5% increase due to the cost increases we have sustained from our manufacturers, the cost of labor, and the ongoing pricing pressure on the shipment of goods worldwide.


Brian Carduff
President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024

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 Insurance Services Group LLC 1720 N Webb Rd Suite 110 Wichita KS 67206	CONTACT NAME: Mark Sloan PHONE (A/C, No, Ext): (316) 928-0044 E-MAIL ADDRESS: mark@isgkansas.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Specialty Insurance Company INSURER B: State Automobile Mutual Ins Co INSURER C: First Dakota Indemnity Company INSURER D: INSURER E: INSURER F:	NAIC # 25135 10351
INSURED Baysinger Police Supply, Inc. 430 E. Central Avenue Wichita KS 67202		

COVERAGES**CERTIFICATE NUMBER:** CL24101002117**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			47-CHP-000714-03	09/12/2024	09/12/2025	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				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			10093896CA	09/12/2024	09/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			WC020-0060253-2024A	09/12/2024	09/12/2025	EACH OCCURRENCE \$
			AGGREGATE \$				
			\$				
			PER STATUTE OTH-ER				
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 <input checked="" type="checkbox"/> Y	N/A				E.L. EACH ACCIDENT \$ 500,000
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				

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

The certificate is proof of insurance and is subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City and Participating Trusts
100 North Walker Avenue
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

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The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Blue Tactical, LLC
109 Apremont Way
Suite 11
Westfield, MA 01085

APPROVED
11-5-2024

BY THE CITY COUNCIL
Arny M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247061 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: 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.**

Ryan Dupont
PRINTED NAME
Business Manager
TITLE
Ryan Dupont
AUTHORIZED SIGNATURE
Blue Tactical, LLC
COMPANY NAME
109 Apremont Way, Suite 11
STREET ADDRESS
Westfield, MA 01085
CITY, STATE AND ZIP CODE
413.315.6344
BUSINESS TELEPHONE
ryan@blue-tactical.com
CONTACT E-MAIL

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT
WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER,
OR AN OFFICER OF THE CORPORATION

THIS DOCUMENT CAN BE UPLOADED ELECTRONICALLY AS AN ATTACHMENT
TO ONE OF THE LINES ITEMS ON THE ELECTRONIC BID

City of Oklahoma City or related Public Trust:

This letter authorizes Ryan Dupont to sign the
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT and
all forms related to on behalf of Blue Tactical, LLC.
Company Name

Sincerely,

Andrew Platt Owner 18 September 2023
Signature of Authorized Agent Print Title Date

Andrew Platt
Print Name

Email Address: andrew@blue-tactical.com

Title: (must be checked)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Owner | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Chief Executive Officer [CEO] | <input type="checkbox"/> Corporate Secretary |
| <input type="checkbox"/> Chief Financial Officer [CFO] | <input type="checkbox"/> Assistant Secretary |
| <input type="checkbox"/> Chief Operating Officer [COO] | <input type="checkbox"/> Secretary-Treasurer |
| <input type="checkbox"/> Chairman or Chairman of the Board | <input type="checkbox"/> President |
| <input type="checkbox"/> Vice- President | |

**BIDDER MUST ELECTRONICALLY PRINT, COMPLETE AND SIGN THIS
DOCUMENT PRIOR TO UPLOADING AS AN ATTACHMENT INTO THE
ELECTRONIC BID SYSTEM**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2024

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 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 BROWN & BROWN INS SERVICES INC 42640321 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED BLUE TACTICAL, LLC 109 APREMONT WAY STE 11 WESTFIELD, MA 01085	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC#</td></tr><tr><td>INSURER A : Twin City Fire Insurance Company</td><td>29459</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></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></table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A : Twin City Fire Insurance Company	29459	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			42 SBA BA5103	11/15/2023	11/15/2024	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY			42 SBA BA5103	11/15/2023	11/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> OTHER:							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	42 SBA BA5103	11/15/2023	11/15/2024	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	FAILSAFE TECHNOLOGY E OR O			42 SBA BA5103	11/15/2023	11/15/2024	Each Glitch Aggregate	\$1,000,000 \$1,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDERCity of Oklahoma City
100 N WALKER AVE
OKLAHOMA CITY OK 73102**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

Susan L. Castaneda

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The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Con10gency Consulting LLC
3855 SW 153rd Dr.
Beaverton, OR 97003

APPROVED
11-5-2024

BY THE CITY COUNCIL
Angie H. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247062 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: 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.**

Norm Voshall

PRINTED NAME

Director of Sales

TITLE

AUTHORIZED SIGNATURE

Con10gency Consulting, LLC.

COMPANY NAME

3855 SW 153rd Dr.

STREET ADDRESS

Beaverton, OR 97003

CITY, STATE AND ZIP CODE

855-590-4065

BUSINESS TELEPHONE

sales@con10gency.com

CONTACT E-MAIL

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED AND SIGNED IF THE
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT
WAS NOT SIGNED BY THE OWNER, A GENERAL PARTNER,
OR AN OFFICER OF THE CORPORATION

THIS DOCUMENT CAN BE UPLOADED ELECTRONICALLY AS AN ATTACHMENT
TO ONE OF THE LINES ITEMS ON THE ELECTRONIC BID

City of Oklahoma City or related Public Trust:

This letter authorizes Norm Voshall to sign the
BID/PRICING AGREEMENT/CONTRACT FORM & NON-DISCRIMINATION STATEMENT and
all forms related to on behalf of Con Agency Consulting
Company Name

Sincerely,

Katherine Pankrat
Signature of Authorized Agent

Vice President
Print Title

9-29-23
Date

Katherine Pankrat
Print Name

Email Address: Katherine@ConAgency.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

**BIDDER MUST ELECTRONICALLY PRINT, COMPLETE AND SIGN THIS
DOCUMENT PRIOR TO UPLOADING AS AN ATTACHMENT INTO THE
ELECTRONIC BID SYSTEM**

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ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/11/2024

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.

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PRODUCER USI Insurance Services NW 825 NE Multnomah, Suite 1500 Portland, OR 97232 503 224-8390	CONTACT NAME: Lori Andrews PHONE (A/C, No, Ext): 503 224-8390 FAX (A/C, No): 610 362-8130 E-MAIL ADDRESS: Lori.Andrews@usi.com																					
INSURED Con10gency Consulting LLC 3855 SW 153rd Dr Beaverton, OR 97003-1292	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td colspan="2">INSURER A : Kinsale Insurance Company</td><td>38920</td></tr> <tr> <td colspan="2">INSURER B : Underwriters at Lloyd's London</td><td>L0032</td></tr> <tr> <td colspan="2">INSURER C :</td><td></td></tr> <tr> <td colspan="2">INSURER D :</td><td></td></tr> <tr> <td colspan="2">INSURER E :</td><td></td></tr> <tr> <td colspan="2">INSURER F :</td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Kinsale Insurance Company		38920	INSURER B : Underwriters at Lloyd's London		L0032	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C :																						
INSURER D :																						
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			01002931310	04/02/2024	04/02/2025	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						
B	AUTOMOBILE LIABILITY			RTSHNOA01676	04/02/2024	04/02/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		01002931340	04/02/2024	04/02/2025	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N		N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Professional Liab			01002931310	04/02/2024	04/02/2025	\$1,000,000/\$2,000,000

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

RE: Project: All Operations of Named Insured

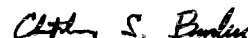
The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured. The General Liability policy includes a Waiver of Subrogation endorsement in favor of the Certificate Holder as referenced above.

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City and its Trusts PO
 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



© 1988-2015 ACORD CORPORATION. All rights reserved.



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Cops Products
416 Hudiburg Circle
Suite B
Oklahoma City, OK 73108

APPROVED

11-5-2024

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. **C247063 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: 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.**

Cheryl Schoenburger
PRINTED NAME

Owner
TITLE

AUTHORIZED SIGNATURE
Cops Products

COMPANY NAME
416 Hudiburg Cir., Ste B
STREET ADDRESS

CITY, STATE AND ZIP CODE
OKC OK 73108

BUSINESS TELEPHONE
405-232-7300

CONTACT E-MAIL
Cheryl@copsproducts.com



COPSPRO01C

DEOWENS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2024

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 INSURICA 2420 Springer Dr, Suite 105 Norman, OK 73069	CONTACT NAME:		
	PHONE (A/C, No, Ext): (405) 310-1583	FAX (A/C, No): (405) 217-0311	
	E-MAIL ADDRESS: service@INSURICAexpress.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Grain Dealers Mutual Ins. Co.		22098
INSURED C.O.P.S. Products, LLC 416 Hudiburg Circle Suite B Oklahoma City, OK 73108	INSURER B : American Mercury Insurance Co.		16810
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BPJ5722U	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							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
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			BA350000007494	2/28/2024	2/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	W1T4284W	5/1/2024	5/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

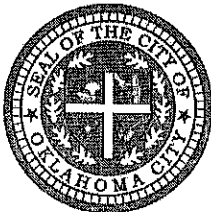
CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City and its Trusts Po
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



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Dana Safety Supply Inc
PO Box 117297
Atlanta, GA 30368

APPROVED
11-5-2024

BY THE CITY COUNCIL
Arny M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. C247064 for Police Uniforms, accessories, minor equipment and supplies for the term November 7, 2024 through November 6, 2025 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: 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.

JOAN MILLER
PRINTED NAME
AK
TITLE
Joan Miller
AUTHORIZED SIGNATURE
DANA Safety Supply
COMPANY NAME
4809 Koger Blvd
STREET ADDRESS
Greensboro NC 27407
CITY, STATE AND ZIP CODE
336-854-5536
BUSINESS TELEPHONE
ARE DANA Safety Supply.com
CONTACT E-MAIL

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

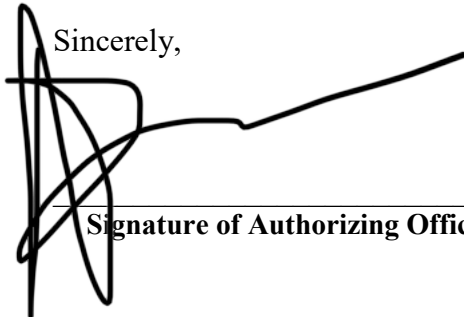
City of Oklahoma City or related Public Trust:

This letter authorizes Joan Miller to
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of Dana Safety Supply Inc.
(CONTRACTING ENTITY)

_____.

Sincerely,



Signature of Authorizing Officer



Printed Title

10-22-24

Date

David Russo

Printed Name of Authorizing Officer

adrlight@aol.com

Email Address of Authorizing Officer

NOTE: If the Contracting Entity is a(n):

Corporation	The authorizing officer <u>must</u> be: President, Vice-President, Chairperson, or Vice-Chairperson
LLC	The authorizing officer <u>must</u> be: Manager, Managing Member, President, or Vice-President
Partnership	The authorizing officer <u>must</u> be: General Partner
Joint Venture	The authorizing officer <u>must</u> be: An Authorized Officer of Each of the Ventures



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2024

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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-448-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM
INSURED DANA SAFETY SUPPLY, INC. 5221 W MARKET ST GREENSBORO, NC 27409-2629	INSURERS AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY NAIC # 13935 INSURER B: FEDERATED RESERVE INSURANCE COMPANY 16024 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 699

REVISION NUMBER: 1

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 INSR	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 GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	6080293	04/01/2024	04/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMPROP ACC \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS OWNLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1830704	04/01/2024	04/01/2025	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	N	N	1833548	04/01/2024	04/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	1833551	04/01/2024	04/01/2025	<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
A	AUTO DEALER LIABILITY	N	N	1833543	04/01/2024	04/01/2025	AUTO LIAB - EA ACCIDENT \$1,000,000 GENERAL LIABILITY - EACH ACCIDENT \$1,000,000 - AGGREGATE \$2,000,000

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

CERTIFICATE HOLDER

City of Oklahoma City and its Trusts Po
100 N Walker, Suite 200
Oklahoma City OK 73102

699 1

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



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED DANA SAFETY SUPPLY, INC. 5221 W MARKET ST GREENSBORO, NC 27409-2629	
POLICY NUMBER SEE CERTIFICATE # 699.1			
CARRIER SEE CERTIFICATE # 699.1	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 699.1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.								
FORM NUMBER: <u>25</u>		FORM TITLE: <u>CERTIFICATE OF LIABILITY INSURANCE</u>						
SECONDARY POLICY(S) Workers Compensation		N/A	N	1833554	04/01/2024	04/01/2025	WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPL E.L. DISEASE-POL LIMIT	YES \$1,000,000 \$1,000,000 \$1,000,000
OTHER COVERAGE(S) AUTO DEALER LIABILITY		N	N	1833547	04/01/2024	04/01/2025	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$1,000,000 \$1,000,000 \$2,000,000
AUTO DEALER LIABILITY		N	N	1833546	04/01/2024	04/01/2025	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$1,000,000 \$1,000,000 \$2,000,000
AUTO DEALER LIABILITY		N	N	1833545	04/01/2024	04/01/2025	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$1,000,000 \$1,000,000 \$2,000,000



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Galls LLC
1348 Russell Cave Rd
Lexington, KY 40505

APPROVED
11-5-2024

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. **C247065 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: 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.**

Mike Fadden

PRINTED NAME

CEO

TITLE

AUTHORIZED SIGNATURE

Galls, LLC

COMPANY NAME

1340 Russell Cave Road

STREET ADDRESS

Lexington, Ky 40505

CITY, STATE AND ZIP CODE

859-266-7227

BUSINESS TELEPHONE

bidreview@galls.com

CONTACT E-MAIL

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/10/2024

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.

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PRODUCER USI Insurance Services LLC 312 Elm Street, 24th Floor Cincinnati, OH 45202 513 852-6300	CONTACT NAME: Trip Yersky PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: trip.yersky@usi.com														
INSURED CB General Holdings, LLC; Galls LLC 1340 Russell Cave Road Lexington, KY 40505	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 453">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1563 453">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 453 1433 483">INSURER A : QBE Insurance Corporation</td> <td data-bbox="1433 453 1563 483">39217</td> </tr> <tr> <td data-bbox="816 483 1433 512">INSURER B : General Casualty Company of Wisconsin</td> <td data-bbox="1433 483 1563 512">24414</td> </tr> <tr> <td data-bbox="816 512 1433 541">INSURER C : Praetorian Insurance Company</td> <td data-bbox="1433 512 1563 541">37257</td> </tr> <tr> <td data-bbox="816 541 1433 571">INSURER D : Cincinnati Insurance Company</td> <td data-bbox="1433 541 1563 571">10677</td> </tr> <tr> <td data-bbox="816 571 1433 600">INSURER E : North Pointe Insurance Co</td> <td data-bbox="1433 571 1563 600">27740</td> </tr> <tr> <td data-bbox="816 600 1433 634">INSURER F :</td> <td data-bbox="1433 600 1563 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : QBE Insurance Corporation	39217	INSURER B : General Casualty Company of Wisconsin	24414	INSURER C : Praetorian Insurance Company	37257	INSURER D : Cincinnati Insurance Company	10677	INSURER E : North Pointe Insurance Co	27740	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C : Praetorian Insurance Company	37257														
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INSURER E : North Pointe Insurance Co	27740														
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			171000318	03/01/2024	03/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			161000042	03/01/2024	03/01/2025	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10000			191000210	03/01/2024	03/01/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	152000028	03/01/2024	03/01/2025	<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	Excess Liability			EXS0570374	03/01/2024	03/01/2025	\$15,000,000

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

RE: C247065

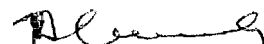
The general liability, automobile liability and umbrella/excess policies contain an automatic Additional Insured endorsement that provides Additional Insured status to The City of Oklahoma City and its participating Trusts, 100 North Walker Ave, Oklahoma City, OK 73102 only with regard to work performed by or on behalf of the named insured and where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City and its participating Trusts
 100 North Walker Ave 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





1340 Russell Cave Road
Lexington, KY 40505

09/13/2024

Via Electronic Mail

City of Oklahoma City
Attn: Caleb Gutel /Procurement Services
100 North Walker, Oklahoma City, OK 73102
Email: Caleb.Gutel@okc.gov

Re: Renewal and Price Increase Notification for Contract No: **C247065**

Dear Caleb Gutel/ Procurement Services,

I hope this message finds you well. I am writing to inform you of an upcoming price adjustment for the goods and services provided by Galls under **City of Oklahoma City - Police Uniforms, Accessories, Minor Equipment & Supplies - Contract# C247065**. Due to increased costs from our suppliers and changes in market conditions affecting labor, utility, and shipping costs, we find it necessary to request a price increase of 8%.

Effective on the renewal date or the earliest effective date as per our contract terms, the price of the items listed in the attached updated price schedule will be adjusted accordingly. This increase will also apply to all other off-contract items purchased by your agency at the same rate of 8%.

To support this request, we have enclosed the necessary documentation, including CPI/PPI indices, letters from manufacturers, and the updated contract and off-contract pricelists. We believe this adjustment is essential to continue providing the high level of service and quality you expect from Galls.

Should you have any questions or require further information, please do not hesitate to contact Yves Murhula, Murhula-yves@galls.com, 859-800-1054. We value your partnership and appreciate your understanding in this matter.

Thank you for your attention to this important update.

Sincerely,

Yves Murhula
Contract Management Specialist
Galls LLC

Enclosures:

- CPI/PPI Documentation
- Manufacturer Letters
- Updated Contract Pricelist
- Updated Other Items Pricelist



1340 Russell Cave Road
Lexington, KY 40505

Dear Valued Partner,

As we navigate through 2024, the landscape of economic challenges continues to evolve, yet the inflationary pressures we have witnessed over the past years persist. At Galls, our commitment to delivering quality products and services to our esteemed customers, like you, remains unwavering. However, the current economic conditions have necessitated some difficult decisions to ensure we continue to meet your needs with the excellence you've come to expect.

Understanding the Pressures

The inflationary environment, while slowing in recent months, shows little signs of abating. Despite our rigorous efforts to mitigate these effects—through renegotiating with our suppliers and enhancing our operational efficiencies—the reality compels us to adjust our pricing to reflect the escalating costs we are facing.

Supplier Costs

Our partners and suppliers have been compelled to adjust their pricing structures, often passing on double-digit increases to us. This trend spans across the board, affecting essential items such as uniforms, tactical pants, boots, and duty belts. These adjustments are a direct reflection of the growing costs in manufacturing and procurement, unprecedented in both frequency and magnitude.

Transportation Hurdles

The lingering aftermath of the pandemic continues to exert pressure on transportation costs, a vital component of our supply chain. In 2023, we observed an 7% increase in shipping costs through providers like FedEx, UPS, and the US Postal Service.

Labor and Talent Retention

Our dedication to fostering a skilled and motivated workforce to serve our heroes in the front-line, military, and public safety sectors has never been stronger. However, the competitive job market, alongside federal wage adjustments and rising insurance premiums, has necessitated a substantial increase in our labor expenses. Ensuring that we attract and retain the best talent comes at a higher cost, reflecting a 10% increase in wage expenses in 2023.

Moving Forward Together

We do not take these adjustments lightly, knowing well that any increase in costs affects not just our operations but also the budgets of our partners.

We are immensely grateful for your business and continued partnership. Our team at Galls is here to assist you through these changes and ensure that we continue to meet your needs effectively.

Thank you for your unwavering trust and partnership.

A handwritten signature in blue ink that reads 'M. Fadden'.

Mike Fadden
Chief Executive Officer
Galls, LLC



December 15, 2023

Dear LION Distribution Partner,

Due to current and ongoing market conditions, LION will be adjusting pricing in some of our product categories, effective February 1, 2024, as outlined in the table below. While you will notice increases in some categories, we are pleased to announce decreases in others, specifically our leather Structural and Station boots. The new published price lists will be available on Webdam as soon as possible, prior to the February 1, 2024 effective date. A notification will be sent once available.

At LION, we are dedicated to developing and delivering products that offer the best value and quality to our first responders. We would like to express our sincere gratitude for your continued support and partnership.

Product Category	Increase
Turnouts	6.5% for Custom & Express Turnouts
RescueWear	6.5%
Boots	0% for Rubber -5.5% for Leather Structural -9.5% for Leather Station
Hoods	2.5%
Gloves	0%
Helmets	0% on Legend 9% on Classic, Legacy & Heritage
Chem Bio	0%
Uniforms	New Price Structure on Certified Uniforms* 0-3% on Non-Certified Uniforms
TotalCare	3-6% (6% on Repairs)
Training Products	Avg. of 7%

**Details to follow*

Respectfully,

Mark T. Smith
President, LION Americas

Consumer Price Index for All Urban Consumers (CPI-U)
12-Month Percent Change

Series Id: CUUR0000SA0

Not Seasonally Adjusted

Series Title: All items in U.S. city average, all urban consumers, not

Area: U.S. city average

Item: All items

Base Period: 1982-84=100

Years: 2014 to 2024

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
2014	1.6	1.1	1.5	2.0	2.1	2.1	2.0	1.7	1.7	1.7	1.3	0.8	1.6	1.7	1.5
2015	-0.1	0.0	-0.1	-0.2	0.0	0.1	0.2	0.2	0.0	0.2	0.5	0.7	0.1	-0.1	0.3
2016	1.4	1.0	0.9	1.1	1.0	1.0	0.8	1.1	1.5	1.6	1.7	2.1	1.3	1.1	1.5
2017	2.5	2.7	2.4	2.2	1.9	1.6	1.7	1.9	2.2	2.0	2.2	2.1	2.1	2.2	2.0
2018	2.1	2.2	2.4	2.5	2.8	2.9	2.9	2.7	2.3	2.5	2.2	1.9	2.4	2.5	2.4
2019	1.6	1.5	1.9	2.0	1.8	1.6	1.8	1.7	1.7	1.8	2.1	2.3	1.8	1.7	1.9
2020	2.5	2.3	1.5	0.3	0.1	0.6	1.0	1.3	1.4	1.2	1.2	1.4	1.2	1.2	1.2
2021	1.4	1.7	2.6	4.2	5.0	5.4	5.4	5.3	5.4	6.2	6.8	7.0	4.7	3.4	6.0
2022	7.5	7.9	8.5	8.3	8.6	9.1	8.5	8.3	8.2	7.7	7.1	6.5	8.0	8.3	7.7
2023	6.4	6.0	5.0	4.9	4.0	3.0	3.2	3.7	3.7	3.2	3.1	3.4	4.1	4.9	3.4
2024	3.1	3.2	3.5	3.4	3.3	3.0								3.2	

STYLE NUMBER	ITEM DESCRIPTION	VENDOR ITEM #	VENDOR NAME	Current PRICE	New PRICE
TR747	TEK 3 MENS CARGO PANTS	E2844R 30 OB	Lion First Responder/ Elbeco	\$ 49.43	\$ 53.38
SH3822	ELBECO CX360 MENS L/S SHIRT	3501 17.5 33	Lion First Responder/ Elbeco	\$ 42.86	\$ 46.29
SH3824	ELBECO CX360 MENS S/S SHIRT	3541 L	Lion First Responder/ Elbeco	\$ 39.66	\$ 42.83
SW672	UFX TACT KNIT S/S SHIRT	K5138 LG	Lion First Responder/ Elbeco	\$ 28.11	\$ 30.36
SR585	UFX TACTICAL L/S KNIT SHIRT	K5148 LG	Lion First Responder/ Elbeco	\$ 31.20	\$ 33.70
TR1637	ELBECO 55/45 POLY WOOL MENS LUXURY SERIES TROUSER	E1360RN 30 OB	Lion First Responder/ Elbeco	\$ 71.94	\$ 77.70
TR1317	ELBECO MENS CX360 5-POCKET PANTS	E3424R 30	Lion First Responder/ Elbeco	\$ 43.09	\$ 46.54
TR1332	ELBECO MENS CX360 COVERT CARGO PANTS	E3444R 30	Lion First Responder/ Elbeco	\$ 45.89	\$ 49.56
TT122	RIPSTOP ADU TROUSER	E5702R 30	Lion First Responder/ Elbeco	\$ 35.94	\$ 38.82
TR747	TEK 3 MENS CARGO PANTS	E615RN 30 OB	Lion First Responder/ Elbeco	\$ 49.43	\$ 53.38
TU610	MENS TEX TROP2 UNIFORM TROUSERS	E315RN 36 OB	Lion First Responder/ Elbeco	\$ 30.69	\$ 33.15
SH093	MENS PARAGON PLUS SS SHIRT	P868 SM	Lion First Responder/ Elbeco	\$ 23.49	\$ 25.37
HEM01	HEMMING			\$ -	\$ -
HEM01	HEMMING			\$ -	\$ -
HEM01	HEMMING			\$ -	\$ -
TT122	RIPSTOP ADU TROUSER	E5702R 30	Lion First Responder/ Elbeco	\$ 35.94	\$ 38.82
HEM01	HEMMING			\$ -	\$ -
HEM01	HEMMING			\$ -	\$ -
TU610	MENS TEX TROP2 UNIFORM TROUSERS	E314RN 32 OB	Lion First Responder/ Elbeco	\$ 30.69	\$ 33.15
HEM01	HEMMING			\$ -	\$ -
SH720	TEK3 MALE L/S SHIRT	G924 155 33	Lion First Responder/ Elbeco	\$ 37.71	\$ 40.73
IFVAS	VAS ORDER NO TBD			\$ 2.25	\$ 2.43
SH2136	REFLEX MENS RIPSTOP S/S SHIRT	4444 L	Lion First Responder/ Elbeco	\$ 39.77	\$ 42.95
TR611	MENS TEK3 CARGO SHORTS	E2824 MDNV 30	Lion First Responder/ Elbeco	\$ 38.11	\$ 41.16



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

MTM Recognition Corporation
3201 SE 29th Street
Dell City, OK 73115

APPROVED
11-5-2024

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. **C247066 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: Caleb.Gutel@okc.gov.

Thank you,

Caleb Gutel

Caleb Gutel, Senior Buyer
Procurement Services

X **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.

Jeff Thompson

PRINTED NAME

VP of National Accounts

TITLE

AUTHORIZED SIGNATURE

MTM Recognition Corp.

COMPANY NAME

3201 SE 29th Street

STREET ADDRESS

Oklahoma City, OK 73115

CITY, STATE AND ZIP CODE

1-877-686-7464

BUSINESS TELEPHONE

jthompson@mtmrecognition.com

CONTACT E-MAIL



MTMCORP01C

AWILLIAMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2024

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: Shannon Robertson, CISR, CRIS, AAI	
	PHONE (A/C, No, Ext): (405) 556-2214 FAX (A/C, No): (405) 556-2332	
	E-MAIL ADDRESS: Shannon.Robertson@INSURICA.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Greenwich Insurance Company	22322
	INSURER B : Continental Insurance Company	35289
	INSURER C : XL Specialty Insurance Company	37885
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

MTM RECOGNITION CORPORATION
3501 SE 29th Street
Del City, OK 73115

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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		RGC3001834	10/15/2024	10/15/2025	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	X		CARAC9438221	10/15/2024	10/15/2025	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"/> 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			6072084286	10/15/2024	10/15/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCRWC3001833	10/15/2024	10/15/2025	<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: The City of Oklahoma City and its Trust Po are Additional Insureds with respect to General Liability and Automobile Liability if required or agreed to in a written contract, subject to all provisions and limitations of the policies.

CERTIFICATE HOLDER

CANCELLATION

City of Oklahoma City and its Trust Po
Attn: Sherry Cochran-Schmees, CPO
Buyer/Surplus Property
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



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 12, 2024

Renewal No. 1

Special OPS Uniforms Inc
505 N Portland
Oklahoma City, OK 73107

APPROVED
11-5-2024

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. **C247067 for Police Uniforms, accessories, minor equipment and supplies** for the term **November 7, 2024 through November 6, 2025** 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 **October 1, 2024**. 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) 297-2784, Fax (405) 297-2142 or Email: Caleb.Gutel@okc.gov.

Thank you,

Requesting 8% price increase across the board

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.**

Bradnon Tuzicka

PRINTED NAME

Manager

TITLE

AUTHORIZED SIGNATURE
SPECIAL OPS UNIFORMS INC

COMPANY NAME
505 N PORTLAND AVE

STREET ADDRESS
OKLAHOMA CITY OK, 73107

CITY, STATE AND ZIP CODE
405-946-3504

BUSINESS TELEPHONE
brandon@specialopsuniforms andy@specialopsuniforms.com

CONTACT E-MAIL

LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED
LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY
AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

This letter authorizes Brandon Tuzicka to
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of SPACIAL OPS UNIFORMS, INC
(CONTRACTING ENTITY)

Sincerely,


Signature of Authorizing Officer

President
Printed Title

10/11/24
Date

Daniel A. Tate, Jr.
Printed Name of Authorizing Officer

andy@specialopsuniforms.com
Email Address of Authorizing Officer

NOTE: If the Contracting Entity is a(n):

Corporation	The authorizing officer <u>must</u> be: President, Vice-President, Chairperson, or Vice-Chairperson
LLC	The authorizing officer <u>must</u> be: Manager, Managing Member, President, or Vice-President
Partnership	The authorizing officer <u>must</u> be: General Partner
Joint Venture	The authorizing officer <u>must</u> be: An Authorized Officer of Each of the Ventures



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2024

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 Wesco Insurance Agency 420 Maple P.O. Box 850300 Yukon OK 73085-0300	CONTACT NAME: Kylie Kirkland PHONE (A/C, No, Ext): (405) 354-5201 E-MAIL ADDRESS: kkirkland@wescoinsurance.com FAX (A/C, No): (405) 350-6829
INSURED Special Ops Uniforms, Inc., 505 Group, LLC 505 N Portland Ave Oklahoma City OK 73107-6111	INSURER(S) AFFORDING COVERAGE INSURER A: Grain Dealers Mutual Insurance Group INSURER B: Technology Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 22098

COVERAGES**CERTIFICATE NUMBER:** 24/25 COI**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BPP8661N	07/02/2024	07/02/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			B1P8661N	07/02/2024	07/02/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
B	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 <input checked="" type="checkbox"/> Y	N/A	TWC4446397	07/02/2024	07/02/2025	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

caleb.gutel@okc.gov

Certificate holder is included as additional insured under the General Liability coverage when required by written contract, subject to terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City and its Trusts Po 100 N Walker Ave, 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
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