



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

February 5, 2025

Renewal No. 2

Air Technologies  
110 NE 48th Street  
Oklahoma City, OK 73105

**APPROVED**  
4/22/2025

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00147 for Renewal 2 heating, ventilation** for the term **4/25/2025 through 4/24/2026** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature and return to me by **March 3, 2025**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3995, Fax (405) 297-2142 or Email: [monica.hardesty@okc.gov](mailto:monica.hardesty@okc.gov).

Thank you,

*Monica Hardesty*

Monica Hardesty, 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 Carriger

**PRINTED NAME**

Service Manager

**TITLE**

*Ryan Carriger*

**AUTHORIZED SIGNATURE**

Air Technologies

**COMPANY NAME**

110 NE 48th St.

**STREET ADDRESS**

Oklahoma City, OK 73105

**CITY, STATE AND ZIP CODE**

(405) 528-2600

**BUSINESS TELEPHONE**

ryanc@airtech-ok.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 Ryan Carriger to  
(PRINTED NAME OF AUTHORIZED AGENT)  
sign the attached legally binding document on behalf of Air Technologies  
(CONTRACTING ENTITY)

Sincerely,

Don Self President 2/17/25  
Signature of Authorizing Officer Printed Title Date

Don Self dons@airtech-ok.com  
Printed Name of Authorizing Officer Email Address of Authorizing Officer

<b>NOTE: If the Contracting Entity is a(n):</b>	
<b>Corporation</b>	The authorizing officer <b><u>must</u></b> be: <b>President, Vice-President, Chairperson, or Vice-Chairperson</b>
<b>LLC</b>	The authorizing officer <b><u>must</u></b> be: <b>Manager, Managing Member, President, or Vice-President</b>
<b>Partnership</b>	The authorizing officer <b><u>must</u></b> be: <b>General Partner</b>
<b>Joint Venture</b>	The authorizing officer <b><u>must</u></b> be: <b>An Authorized Officer of Each of the Ventures</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Riggs, Counselman, Michaels & Downes, Inc. 4 North Park Drive, Suite 500 Hunt Valley MD 21030	<b>CONTACT</b> NAME: Rebecca Gierczak AT GAaU10W PHONE (A/C, No, Ext): 410-339-7263 E-MAIL ADDRESS: FBSG.Certificates@rcmd.com FAX (A/C, No): 410-339-7234
<b>INSURED</b> Air Technologies of Oklahoma City, LLC 110 NE 48th Street Oklahoma City OK 73105	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Phoenix Insurance Company INSURER B : Travelers Property Casualty Company of America INSURER C : Charter Oak Fire Insurance Company INSURER D : INSURER E : INSURER F :

**COVERAGES**

CERTIFICATE NUMBER: 935607675

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	VTNCO5469B537PHX25	4/1/2025	4/1/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y	Y	VTC2OCAP4R63COF25 VTJBAP4R631875COF25	4/1/2025 4/1/2025	4/1/2026 4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP4R6306452525	4/1/2025	4/1/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	Y	UB1S2815262526K	4/1/2025	4/1/2026	<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)**

Contract #COKC00147. The City of Oklahoma City and its Trusts are included as Additional Insured under General Liability, including ongoing & completed operations and Automobile Liability on a primary & non-contributory basis as required by written contract. Contractual Liability is included. Waiver of Subrogation is granted in favor of all Additional Insureds under General Liability, Automobile Liability & Workers Compensation as required by written contract. Products/Completed Operations are included. Umbrella follows form of underlying General Liability, Automobile Liability and Employers Liability coverage. 30 days prior written notice of cancellation, 10 days notice of cancellation for non-payment of premium will be provided.

**CERTIFICATE HOLDER****CANCELLATION**

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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