



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 11, 2024

Direct Protective Services LLC
14848 Bristol Park Blvd

Renewal No. 1

APPROVED

11-19-2024

BY THE CITY COUNCIL
Amey K. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C247070-DIRECTPROTECTIVE** for Security Monitoring Services for the Municipal Court Building for the term November 30, 2024 through November 29, 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 **September 30, 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) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Thank you,

Jennifer Swann MPA, CPO
Senior Buyer

☒ Yes, I would like to renew
per the above mentioned.
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

PRINTED NAME

President

TITLE

AUTHORIZED SIGNATURE

Direct Protective Services

COMPANY NAME

14848 Bristol Park Blvd

STREET ADDRESS

Edmond, OK 73013

CITY, STATE AND ZIP CODE

405-249-4181

BUSINESS TELEPHONE

jroberson@directprotective.com

CONTACT E-MAIL



Direct Protective Services

August 23rd, 2024

City of Oklahoma City
Jennifer Swann
Procurement Services
(405) 297-3172
jenniferswann@okc.gov

Re: C247070 for Security Services for the Municipal Court and OKC Utilities Building at 420 West Main, Oklahoma City, OK 73102

Ms. Swann,

This letter is to act as a formal written request for Direct Protective Services to ask for a CPI increase of 4% to assist us in covering added costs to hire, train, and the retention of qualified security officers for the above listed locations. The costs each year have risen which makes extremely difficult to keep the staff that you are accustomed to. The entry points to your facilities are key areas that deserve the most qualified security officers in the industry. We humbly are asking for this increase which is in line with the CPI's national database which is listed at 4.06% for 2023 and currently at a 3.2% average for 2024. Thank you for your time and attention to this request.

Best Regards,

Justin Roberson

Justin Roberson
President
405.249.4181
jroberson@directprotective.com



Direct
Protective Services

(C247070)

Direct Protective Services for Security Services

Term November 30, 2024 through November 29, 2025

24710-01-01	Armed CLEET Certified Law Enforcement Officer- Regular time -	\$39.02
24710-01-02	Armed CLEET Certified Law Enforcement Officer- Overtime rate-	\$58.53
24710-02-01	Armed Off- Duty Police Officers- Regular time -	\$39.02
24710-02-02	Armed Off- Duty Police Officers- Overtime rate-	\$58.53
24710-03-01	Unarmed CLEET Certified Law Enforcement Officer- Regular time-	\$39.02
24710-03-02	Unarmed CLEET Certified Law Enforcement Officer- Overtime rate -	\$58.53
24710-04-01	Unarmed Off-Duty Police Officers- Regular time-	\$39.02
24710-04-02	Unarmed Off-Duty Police Officers- Overtime rate-	\$58.53
24710-05-01	Armed, CLEET Certified Licensed Security Officer- Regular time -	\$31.22
24710-05-02	Armed, CLEET Certified Licensed Security Officer-Overtime/Holiday rate-	\$46.83
24710-06-01	Unarmed, CLEET Certified Licensed Security Officer- Regular time -	\$26.02
24710-06-02	Unarmed, CLEET Certified Licensed Security Officer-Overtime/Holiday rate -	\$39.02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2024

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 Mosley Agency 428 Grand Avenue P.O. Box 2100 Chickasha OK 73023-2100	CONTACT NAME: Terry Charlson PHONE (A/C, No, Ext): (405) 224-1000 FAX (A/C, No): (405) 224-5593 E-MAIL ADDRESS: TerryC@MosleyAgency.com
INSURED Direct Protective Services LLC 14848 Bristol Park Boulevard Edmond OK 73013	INSURER(S) AFFORDING COVERAGE INSURER A: zzzzVARIOUS INS COMPANIES INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2453006392 **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.

WTR LTR	TYPE OF INSURANCE	ADDL SUBH INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OPAGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	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 type="checkbox"/> N/A	WC 3274495-00	04/05/2024	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

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 Included as additional Insured on general liability, commercial liability, and automotive liability as required by contract, C247070.

CERTIFICATE HOLDER**CANCELLATION**

City of Oklahoma City and participating Trusts
100 North Walker Avenue

OKC

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2024

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 Insourceo 1601 NW Expressway Ste 1001 Oklahoma City OK 73118	CONTACT NAME: Keaton Story PHONE (A/C, No, Ext): (405) 348-5475 E-MAIL ADDRESS: keaton@insourceo.com FAX (A/C, No):														
INSURED Direct Protective Services 14848 Bristol Blvd Edmond, OK 73013	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : KINSDALE INSURANCE</td><td></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 : KINSDALE INSURANCE		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			30984404	10/15/2024	10/15/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$							\$
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

The City of Oklahoma City and any participating Trust are included as additional insured on general liability, commercial liability, and automotive liability as required by contract, re C247070.

CERTIFICATE HOLDERCity of Oklahoma City and participating Trusts
100 North Walker Avenue
OKC, 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

Chris LeBlanc

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