



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

Renewal No. 2

February 23, 2024

**APPROVED**  
6-18-2024

Elite Power Services Inc  
PO Box 30294  
Edmond, OK 73003

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

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C236010 for Generator Systems EPS** for the term **7/1/2024 through 6/30/2025** 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 **March 15, 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) 297-3995, 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.

*Jose Ucedo*  
\_\_\_\_\_  
PRINTED NAME

*President*  
\_\_\_\_\_  
TITLE

*[Signature]*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE

*Elite Power Services Inc.*  
\_\_\_\_\_  
COMPANY NAME

*9620 Kevin's Way*  
\_\_\_\_\_  
STREET ADDRESS

*Edmond OK 73025*  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE

*405-888-3028*  
\_\_\_\_\_  
BUSINESS TELEPHONE

*Jose @ elitepower[at]dwp[.]com*  
\_\_\_\_\_  
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2024

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).

<b>PRODUCER</b> Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154	<b>CONTACT NAME:</b> Lynn Power <b>PHONE (A/C, No, Ext):</b> (405)843-5678 <b>E-MAIL ADDRESS:</b> lpower@cpcinsurance.com	<b>FAX (A/C, No):</b> (405)843-5781
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Elite Power Services, Inc. PO Box 30294 Edmond OK 73003	<b>INSURER A:</b> Mesa Underwriters Specialty	
	<b>INSURER B:</b> Travelers Indemnity Company	
	<b>INSURER C:</b> Central Mutual Insurance Co	
	<b>INSURER D:</b> CompSource Mutual	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2024/April REN

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	X		MP0042012004900	4/9/2024	4/9/2025	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input checked="" type="checkbox"/> Blanket AI & Waiver						MED EXP (Any one person)	\$ 5,000		
	<input checked="" type="checkbox"/> Prim & Non-Contributory						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:								\$		
B	<b>AUTOMOBILE LIABILITY</b>			BA1553N35023 Comp DED \$500/Co11 DED \$500	1/20/2024	1/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" 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 checked="" type="checkbox"/> Blanket AI						<input checked="" type="checkbox"/> Blanket Waiver	Hired Auto Physical Damage	\$ 50,000	
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$		
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> OCCUR	AGGREGATE	\$	
	<input type="checkbox"/> DED						<input type="checkbox"/> RETENTION \$		\$	
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			03158438241	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N	N/A	E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 100,000
									E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	<b>Inland Marine</b>			CLP8626890	1/20/2024	1/20/2025	Leased/Rented Equipment	50,000		
							Deductible	1,000		

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

Contract R24-C236010

The City of Oklahoma City and its Trusts are included as an Additional Insured under the General Liability coverage for the work of the insured when required with a written contract, subject to the terms and conditions of the policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City & 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  Mark Carlin/CHOWLY 

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ACORD 25 (2014/01)

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INS025 (201401)



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

Renewal No. 2

February 23, 2024

**APPROVED**

6-18-2024

United Engines, LLC  
5555 West Reno Avenue  
Oklahoma City, OK 73127

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. **R24-C236011 for Generator Systems EPS** for the term **7/1/2024 through 6/30/2025** 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 **March 15, 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) 297-3995, 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.**

Billy Bryant  
\_\_\_\_\_  
**PRINTED NAME**  
VP  
\_\_\_\_\_  
**TITLE**  
*Billy Bryant*  
\_\_\_\_\_  
**AUTHORIZED SIGNATURE**  
United Engines  
\_\_\_\_\_  
**COMPANY NAME**  
5555 W Reno Ave  
\_\_\_\_\_  
**STREET ADDRESS**  
Oklahoma City, OK 73127  
\_\_\_\_\_  
**CITY, STATE AND ZIP CODE**  
918-720-3850  
\_\_\_\_\_  
**BUSINESS TELEPHONE**  
bbryant@unitedengines.com  
\_\_\_\_\_  
**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
05/09/2024

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> United Engines, LLC P O Box 1745 Houston TX 77251 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Zurich American Ins Co		16535
	<b>INSURER B:</b> American Guarantee & Liability Ins Co		26247
	<b>INSURER C:</b> Lloyd's Syndicate No. 3000		AA1129000
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** 570105655939      **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. **Limits shown are as requested**

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO790538004	06/30/2023	06/30/2024	EACH OCCURRENCE	\$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$5,000,000
							GENERAL AGGREGATE	\$10,000,000
							PRODUCTS - COMP/OP AGG	\$10,000,000
A	<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			BAP 8718421 03 AOS	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			MALIA2300285 XS Over Auto Only	06/30/2023	06/30/2024	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	<input checked="" type="checkbox"/> <b>Miscellaneous Liability Coverage</b>			AUC700538404 Excess Over GL Only	06/30/2023	06/30/2024	Each Occurrence	\$10,000,000
							Aggregate	\$10,000,000

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

RE: Contract R24-C236011. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy to the extent of the liabilities assumed by written contract.

<b>CERTIFICATE HOLDER</b>  City of Oklahoma City and its Trusts 100 N. Walker, Suite 200 Oklahoma City OK 73102 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  

Holder Identifier :

570105655939

Certificate No :





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/09/2024

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<b>PRODUCER</b> Risk Exchange Insurance Services, Inc. 13810 FNB Parkway Suite 450 Omaha, NE 68154	<b>CONTACT NAME:</b> Michaela Morrison <b>PHONE (A/C, No, Ext):</b> (877) 322-7399 x 708 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> mmorrison@methodinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyds of London</td> <td>15792</td> </tr> <tr> <td>INSURER B : National Casualty Company</td> <td>11991</td> </tr> <tr> <td>INSURER C : Signal Mutual Indemnity Association, LTD</td> <td>99999</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(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds of London	15792	INSURER B : National Casualty Company	11991	INSURER C : Signal Mutual Indemnity Association, LTD	99999	INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Lloyds of London	15792													
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INSURER C : Signal Mutual Indemnity Association, LTD	99999													
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b> Kirby Corporation United Engines, LLC PO Box 1745 Houston, TX 77251														

**COVERAGES**

CERTIFICATE NUMBER: 1623110059

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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	WCSIG35010605	10/1/2023	10/1/2024	<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
C A	US L & H/Workers' Comp Incidental MEL				02900 J23-60029	10/1/2023 10/1/2023	10/1/2024 10/1/2024	Limit of Liability \$1,000,000

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

Workers' Compensation coverage includes USL&H Endorsement. Waiver of Subrogation is provided to the extent of the liabilities assumed by the Named Insured as per the written contract. Certificates issued as Evidence of Coverage. Reference Contract R24-C236011

**CERTIFICATE HOLDER**

City of Oklahoma City and its Trusts  
 100 N. Walker, Suite 200  
 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

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