



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

January 24, 2025

Renewal No. 1

EasTex Tower, LLC  
3705 NE 104<sup>th</sup> St.  
Suite 100  
Oklahoma City, OK 73131

**APPROVED**  
2-25-2025

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. **C251009 for Communication Tower Services** for the term **January 30, 2025 through January 29, 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 **January 31, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
Procurement Services

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

**[INTERNAL USE ONLY]**

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

\_\_\_\_\_  
Mark A. Spain  
**PRINTED NAME**  
\_\_\_\_\_  
President  
**TITLE**  
\_\_\_\_\_  
  
**AUTHORIZED SIGNATURE**  
\_\_\_\_\_  
Eastex Tower  
**COMPANY NAME**  
\_\_\_\_\_  
3705 NE 104<sup>th</sup> Ste 100  
**STREET ADDRESS**  
\_\_\_\_\_  
Oklahoma City, OK 73131  
**CITY, STATE AND ZIP CODE**  
\_\_\_\_\_  
817.307.9775  
**BUSINESS TELEPHONE**  
\_\_\_\_\_  
Mark.Spain@ontivity.com

**CONTACT E-MAIL**

**Procurement Services 100 North Walker • Oklahoma City, OK 73102 • 405-297-2741**



TACENER-01

RBECKMAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/5/2024

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 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 Alliant Insurance Services, Inc. 1421 Hanz Dr New Braunfels, TX 78130	CONTACT NAME: Robin Beckman	
	PHONE (A/C, No, Ext): (830) 387-2001 FAX (A/C, No):	
	E-MAIL ADDRESS: Robin.Beckman@alliant.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ACE Property & Casualty Insurance Company	20699
INSURED  Eastex Tower, LLC 7345 Templeton Gap Rd. Colorado Springs, CO 80923	INSURER B : Federal Insurance Company	20281
	INSURER C : Starr Indemnity & Liability Company	38318
	INSURER D : Argonaut Insurance Company	19801
	INSURER E : Lloyd's Syndicate 2488 Chubb Underwriting Agencies Limited	00000
	INSURER F : Lloyd's Syndicate 2121 (Argenta Syndicate Management Limited)	00000

## 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			G46608288 008	2/28/2024	2/28/2025	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 checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			99511044	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) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			1000586864241	2/28/2024	2/28/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<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 If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	92-907-845142-4	2/28/2024	2/28/2025	<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
E	Pollution Liability			B0621PENR008024	2/28/2024	2/28/2025	Poll Each Occ/Agg 2,000,000
F	Pollution Liability			B0621PENR009824	2/28/2024	2/28/2025	Poll Each Occ/Agg 3,000,000

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

-Umbrella and Excess Liability: Umbrella Policy #1000586864241 (2/28/2024-2/28/2025) is with Starr Indemnity and has a \$5,000,000 limit/aggregate. The Excess Liability Policy #NHA106850 (2/28/2024-2/28/2025) is with RSUI Indemnity Company and has an excess limit/aggregate of \$5,000,000 over the Starr policy. These policies together provide \$10,000,000 in coverage. Both the Umbrella and Excess Liability policies are follow form over the underlying policies. -Architects & Engineers Professional Liability; Error & Omissions & Pollution: Lloyds of London (2/28/2024-2/28/2025) Policy #B0621PENR008024: Limits of Liability \$2,000,000 each claim; \$2,000,000 Aggregate with \$25,000 deductible AND The Excess Professional & Pollution policy is with Lloyds of London Policy #B0621PENR009824 (2/28/2024-2/28/2025) and has an excess limit/aggregate of \$3,000,000 over the \$2M Lloyd's policy. These policies together provide \$5,000,000 in coverage. They are Claims made and reported coverage form.  
SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

The City of Oklahoma City* 100 North Walker 2nd Floor 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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Alliant Insurance Services, Inc.</b>		NAMED INSURED <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

-Other States Workers Compensation Coverage: Argonaut Midwest Insurance Company (2/28/2024-2/28/2025) Policy #92-907-845142-4: Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee. Argonaut policy covers AZ, NM, AL, MS, OK, CA, CO, AR, GA, LA, MT, PA, ID, FL, IA, NE, IL, KS, KY, TN, MO, IN, UT, OR, NV, MN, NC, WI & NY. Other States coverage covers all states including those listed previously except ND, OH, TX, WA, and WY. Coverage for TX is under Policy #0001302345 with Texas Mutual (2/28/2024-2/28/2025): Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee.

-Drone Coverage - Designated Unmanned Aircraft Coverage included on the General Liability policy with ACE American Insurance Company Policy #G46608288 008 with a \$1,000,000 in Unmanned Aircraft Liability Aggregate. Limitation of Coverage for Unmanned Aircraft System included on the Umbrella policy with Starr policy #1000586864241 with limits of \$5,000,000 each/aggregate. Excess Liability policy #NHA106850 with RSUI is Excess over Starr policy and provides \$5,000,000 in additional limits. Total Drone coverage is \$11,000,000.

-The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder per coverage forms CG 2010 0413 for Ongoing operations & CG 2037 0413 for Completed Operations.

-The Commercial Auto policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.

-The Pollution policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.

-The General Liability, Commercial Auto, Workers Compensation and Pollution policies include a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

-The General Liability, Commercial Auto, Excess/Umbrella and Pollution policies contain a special provision with "Primary and Noncontributory" wording.

-30 Days' Notice of Cancellation applies to the General Liability, Auto, Umbrella/Excess, Professional/Pollution, Installation Floater and Workers Compensation policies.

-Inland Marine/Contractors Equipment/Installation Floater/Rigger's Liability: (2/28/2024-2/28/2025) Policy #06722523, written with Federal Insurance Co., Scheduled Contractors Equipment Limit \$13,095,030; Leased, Rented or Borrowed Equipment from Others limit is \$1,500,000; \$2,500 deductible; Leased, Rented or Loaned Equipment to Others limit is \$250,000 with \$25,000 deductible. Installation Floater: \$3,000,000 limit not to exceed \$1,000,000 per job site. \$250,000 in transit; \$250,000 temporary locations. \$2,500 deductible.

Rigger's Liability: \$1,000,000 limit

-Property policy #36041910, written with Federal Insurance Co., effective 2/28/2024 to 2/28/2025. Building, Personal Property and EDP coverage is provided per building. If you need breakdown of coverage, please ask.

-The General Liability policy contains Stop-Gap Employers Liability Coverage endorsement for Washington, Ohio, and Wyoming with \$1,000,000 limits.

- Cyber Liability: Fortegra Specialty insurance Company (2/28/2024-2/28/2025) Policy #C4LPX275971CYBER2024; Limits of Liability \$10,000,000 Deductible \$100,000; Includes Liability, Cyber Crime and Media Liability.

Extended Named Insured Schedule: DAS Purchaser 1 Corp.; DAS Purchaser 2 Corp.; EasTex Tower, Inc.; EasTex Tower, LLC; Enertech Resources, LLC; Integrated Wireless Solutions, LLC; JCET Holdings, LLC; Legacy Telecommunications, LLC; Legacy Telecommunications, Inc.; LH Consulting LLC; Ontivity, LLC; RiggingCalc, LLC; TAC Enertech Resources Holdings LLC; CMS Wireless, LLC; NexLevel Safety Training, LLC; Mountain Wireless Construction, LLC

RE: BID25101

The City of Oklahoma City and The City of Oklahoma City and its Trusts are listed as additional insured. Additional Insured(s) on the listed policies are those required in the contract.



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

January 24, 2025

Renewal No. 1

JTS  
5310 S. Cockrell Hill Road  
Dallas, TX 75236

**APPROVED**  
2-25-2025

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. **C251010 for Communication Tower Services** for the term **January 30, 2025 through January 29, 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 **January 31, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
Procurement Services

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

**[INTERNAL USE ONLY]**

\_\_\_\_\_ **The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.**

\_\_\_\_\_  
**Kim Sheffler**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**CEO**

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

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**Johnston Technical Services, Inc**

\_\_\_\_\_  
**COMPANY NAME**

\_\_\_\_\_  
**5310 S. Cockrell Hill Rd**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**Dallas, TX 75236**

\_\_\_\_\_  
**CITY, STATE AND ZIP CODE**

\_\_\_\_\_  
**972-620-1435**

\_\_\_\_\_  
**BUSINESS TELEPHONE**

\_\_\_\_\_  
**accounting@jts.net**

\_\_\_\_\_  
**CONTACT E-MAIL**



JOHNS-1

OP ID: LF

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02-05-2025

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> Rekerdres & Associates P.O. Box 140139 Dallas, TX 75214		<b>214-954-0800</b>		<b>CONTACT NAME:</b> Linda Fagan - David Rekerdres	
				<b>PHONE (A/C, No, Ext):</b> 214-954-0800	<b>FAX (A/C, No):</b>
				<b>E-MAIL ADDRESS:</b> lfagan@rekerdres.com	
				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>NAIC #</b>	
				<b>INSURER A:</b> Texas Mutual Insurance Co.	<b>22945</b>
				<b>INSURER B:</b> Depositors Insurance Company	<b>42587</b>
				<b>INSURER C:</b> Tokio Marine	<b>23850</b>
				<b>INSURER D:</b> United Fire Group	<b>13021</b>
				<b>INSURER E:</b> Hiscox	<b>10200</b>
				<b>INSURER F:</b> ACE Property & Casualty Inc Co	<b>20699</b>

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
B	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ACPLD03110494321	02-07-2025	02-07-2026	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
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		85315975	02-07-2025	02-07-2026	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		PUB900118	02-07-2025	02-07-2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0001326299	02-07-2025	02-07-2026	<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
E	PROF / POLLUTION			ANE5297187.2.5	02-07-2025	02-07-2026	PROF/POLL 1,000,000
F	INLAND MARINE			ACPCIMP3110494321	02-07-2025	02-07-2026	RENTED EQ 100,000

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

carla.jack@okc.gov

contract #C25010

as indicated above Holder is named as additional insured per written contract

## CERTIFICATE HOLDER

## CANCELLATION

<b>OKLAHO2</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.
The City of Oklahoma City and its Trusts 100 N Walker Ave #200 Oklahoma, OK 73102		
Contract #C251010		AUTHORIZED REPRESENTATIVE 





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

January 24, 2025

Renewal No. 1

Top Hand Tower Company  
PO Box 6058  
Moore, OK 73153-0058

**APPROVED**  
2-25-2025

BY THE CITY COUNCIL  
*Arny H. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **C251011 for Communication Tower Services** for the term **January 30, 2025 through January 29, 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 **January 31, 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) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
Procurement Services

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

**[INTERNAL USE ONLY]**

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

Bryan Burke

PRINTED NAME  
President

TITLE

AUTHORIZED SIGNATURE

Top Hand Tower Company

COMPANY NAME

34286 Lake Rd

STREET ADDRESS

Shawnee, OK 74801

CITY, STATE AND ZIP CODE

405-364-9489

BUSINESS TELEPHONE

thtower@flash.net

CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/25

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> <b>TOMLINSON INSURANCE AGENCY</b> 1324 NW 12th St Moore, OK 73170		<b>CONTACT NAME:</b> David Crossland <b>PHONE (A/C, No, Ext):</b> (405)794-1923 <b>E-MAIL ADDRESS:</b> mtomlinson@farmersagent.com <b>FAX (A/C, No):</b> (405)895-6400	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Mesa Underwriters Specialty	
		<b>INSURER B:</b> Mid-Century Insurance, Farmers Group	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
  
Top Hand Tower  
PO BOX 6058  
Moore, OK 73153  
406 364 9489

OK 73153

**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	X		MP001500110005902	09/16/24	09/16/25	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
	OTHER:						PRODUCTS - COMP/OP AGG
B	<b>AUTOMOBILE LIABILITY</b>	X		607227421	10/23/24	10/23/25	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						AGGREGATE
	DED						
	RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				OTH-ER
							E.L. EACH ACCIDENT
							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)

Certificate holder is listed as an Additional Insured.

C251011

City of Oklahoma City and its Trusts are listed as additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City  
420 W. Main St.  
Oklahoma City, OK 73102

carlajack@okc.gov

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2025

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).

PRODUCER	CONTACT NAME: CompSource Mutual Insurance Company	
	PHONE (A/C, No, Ext): (405) 232-7663 ext. 5102	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: CompSource Mutual Insurance Company	
	NAIC # 36188	
INSURED  Top Hand Tower Company PO Box 6058 Moore, OK 73153-0058	INSURER B:	
	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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	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						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below			01140170 24 1	03/01/2024	03/01/2025	E.L. DISEASE - EA EMPLOYEE \$1,000,000.00
							E.L. DISEASE - POLICY LIMIT \$1,000,000.00

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

The City of Oklahoma City and its Trusts are additional insureds

Reference: contract number (C251011)

## CERTIFICATE HOLDER

## CANCELLATION

The City of Oklahoma City and Its Trusts  
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